0-315-01056-8

National Library of Canada | Bibliothèque nationale du Canada

Canadian Theses Division | Division des thèses canadiennes

Ottawa, Canada
K1A 0N4

48914

PERMISSION TO MICROFILM — AUTORISATION DE MICROFILMER

• Please print or type — Écrire en lettres moulées ou dactylographier

Full Name of Author — Nom complet de l'auteur

JANICE MARGUERITE CHRISTIE

Date of Birth — Date de naissance

JUNE 3, 1947

Country of Birth — Lieu de naissance

CANADA

Permanent Address — Résidence fixe

47 WOODCREST AVE
ST. ALBERT, ALTA
T8N 3H8

Title of Thesis — Titre de la thèse

A SYSTEM FOR IDENTIFYING SUPPORT NEEDS IN FAMILY DAY CARE SETTINGS

University — Université

UNIVERSITY OF ALBERTA

Degree for which thesis was presented — Grade pour lequel cette thèse fut présentée

M. ED.

Year this degree conferred — Année d'obtention de ce grade

1980

Name of Supervisor — Nom du directeur de thèse

DR. SUSAN THERRIEN

Permission is hereby granted to the NATIONAL LIBRARY OF CANADA to microfilm this thesis and to lend or sell copies of the film.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

L'autorisation est, par la présente, accordée à la BIBLIOTHÈQUE NATIONALE DU CANADA de microfilmer cette thèse et de prêter ou de vendre des exemplaires du film.

L'auteur se réserve les autres droits de publication; ni la thèse ni de longs extraits de celle-ci ne doivent être imprimés ou autrement reproduits sans l'autorisation écrite de l'auteur.

OCT. 7/80

Date

OCT. 7/80

Signature

Janice M. Christie

NL-91 (4/77)

National Library of Canada
Collections Development Branch

Canadian Theses on
Microfiche Service

Bibliothèque nationale du Canada
Direction du développement des collections

Service des thèses canadiennes
sur microfiche

NOTICE

The quality of this microfiche is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us a poor photocopy.

Previously copyrighted materials (journal articles, published tests, etc.) are not filmed.

Reproduction in full or in part of this film is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30. Please read the authorization forms which accompany this thesis.

THIS DISSERTATION HAS BEEN MICROFILMED EXACTLY AS RECEIVED

AVIS

La qualité de cette microfiche dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de mauvaise qualité.

Les documents qui font déjà l'objet d'un droit d'auteur (articles de revue, examens publiés, etc.) ne sont pas microfilmés.

La reproduction, même partielle, de ce microfilm est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30. Veuillez prendre connaissance des formules d'autorisation qui accompagnent cette thèse.

LA THÈSE A ÉTÉ MICROFILMÉE TELLE QUE NOUS L'AVONS REÇUE

Ottawa, Canada
K1A 0N4

NL-339 (Rev. 8/80)

THE UNIVERSITY OF ALBERTA

A SYSTEM FOR IDENTIFYING SUPPORT NEEDS IN FAMILY DAY CARE SETTINGS

by

© JANICE MARGUERITE CHRISTIE

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

DEPARTMENT OF ELEMENTARY EDUCATION

EDMONTON, ALBERTA

FALL, 1980

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "A System for Identifying Support Needs in Family Day Care Settings" submitted by Janice Christie in partial fulfilment of the requirements for the degree of Master of Education.

Susan Therrien
Supervisor

James Blakeley

David Cadieux

Date . September 12. 1980

Abstract

The purpose of this study was to develop a method for identifying needs that require support in family day care settings as a step toward providing quality care. The design included a means of estimating the validity of the method developed.

Quality care was defined as care that meets the developmental needs of children. A multimethod approach including observation, questionnaire, and interview was decided upon in order to identify the fullest picture of needs possible for each setting, and to increase confidence in that picture by providing for concurring results from more than one data source.

Inconclusive validity results preempted findings on the nature of this Support Needs Identification System and its ability to reveal a picture of support requirements. Possible explanations for these results are offered in Chapter 5.

Besides pointing out the difficulty of estimating the validity of systems investigating complex human experiences, the study showed some of the problems in synthesizing data of highly variable formats. These discoveries along with the successful use of the specimen record technique for observation, the compiling of a comprehensive statement of children's needs, the generation of a questionnaire on provider's attitudes toward children's needs and a discussion of quality care led to a series of recommendations for further research.

Acknowledgements

The child's sob in the silence curses deeper
Than the strong man in his wrath.
The Cry of the Children
Elizabeth Barrett Browning

My sincere thanks to

- Dr. Susan Therrien, my adviser
- Dr. D. Badir and Dr. J. Blakey, committee members
- Ms. Jennifer Wolfe, Ms. Susan Barros and staff
- All the generous persons in the family day care system who participated in the study
- Mrs. Susan Duxbury, the typist
- Family and Friends

For helping and sharing
In the development of this thesis.
May our efforts for the well-being
of children continue.

- And a special thank you to Brian - best friend, best teacher, my husband.

Mankind owes the child the best it has to give.
U.N. General Assembly
November 20, 1959

Table of Contents

Chapter		Page
1	Introduction to the Study	1
	The Problem	2
	The Purpose of the Study	4
	Definitions	5
	Research Questions and Design	6
	Limitations of the Study	7
	Significance of the Study	9
2	Background to the Study	10
	The Family Day Care Setting	10
	The Meaning of Quality Care	19
	Findings in Family Day Care Related to the Present Study	21
	Data Gathering in the Family Day Care Setting	23
3	Procedures and Design for the Study	26
	The Meaning of Quality Care	27
	Methods for Collecting a Data Base	27
	The statement of children's needs	30
	The children's needs questionnaire	31
	The interview	32
	Observation	34
	Ratings	36
	Summary	37

Chapter		Page
	Collecting the Data Base	38
	Establishing the settings	38
	Data collection procedures	39
	Pilot study and revisions	43
	Summary	46
	Developing a Picture of Needs from Data Analysis	47
	Stage one: An emerging picture	48
	Stage two: Choosing a form of presentation	52
	Stage three: A picture of needs	55
	Estimating the Validity of the System	55
4	Findings from Data Analysis	57
	Emerging Patterns	57
	Patterns from methods	57
	Patterns from settings	68
	Patterns from categories of need	71
	Estimate of Validity	75
	Results of comparison	77
	Summary of results	78
	Discussion of the Methodology	79
	Reaction of participants to data gathering	79
	Synthesizing diverse data	83
5	Summary and Conclusions	88
	Summary	88

Chapter Page

Conclusions 89

Discussion of the findings 89

Implications of the present study 96

Recommendations for further research . . . 97

Researcher impressions 97

References 100

Appendices

A. Statement of Children's Needs 104

B. Children's Needs Questionnaire and Responses 110

C. Randomization of Children's Needs Questionnaire Statements from Form A to Create Form B 117

D. Provider Consent Form 118

E. Interview Schedule 119

F. Rating Form 121

G. Parent Consent Form 122

H. Information Sheet 123

I. Relationship of Questionnaire Statements to Children's Need Categories 125

List of Tables

Table		Page
1	Reliability Results of Questionnaire from Pilot Study	45
2	Summary of Support Needs by Setting and Method	63
3	Comparison of Quantity of Data Collected by Three Methods on Children's Needs and Provider/Other Needs by Setting	65
4	Number of Categories with Matching Results from Two or Three Methods Across Settings	67
5	Total Number of Indicators of Support Requirements Across Broad Categories of Need From All Methods	72
6	Number of Categories with Matching Results from Two or Three Methods Within Broad Categories of Need	73
7	Ratings of Settings for Estimating Validity	76
8	Estimated Validity of the Support Needs Identification System by Proportion of Matching Ratings	78

List of Figures

Figure		Page
1	The Picture of Needs in Six Family Day Care Settings	58

Chapter 1

Introduction to the Study

We are living in a world of rapid change. Attitudes and practices in caring for children are being influenced by economic, social and political pressures. These forces for change are rarely motivated primarily by a desire to increase the well-being of children. Inevitably however, children experience both the benefits and deficits of these changes.

In Canada, in 1978, the care of over 67,887 children was being supplemented by persons other than the child's parents through registered day care services (National Day Care Information Centre, 1978). In the same report officials estimate that these figures account for less than six percent of child care arrangements of working mothers for children under the age of two and for less than thirteen percent between two and six years of age. In other words, probably hundreds of thousands of children in Canada under the age of five are being cared for by persons other than their parents during a substantial portion of their waking hours.

As the "day" care of many young children in Canada has moved beyond the sacred privacy of the family, their care has become more and more a matter of public scrutiny, responsibility, and debate. In fact few issues in day care appear to be beyond the realm of public debate. In the present milieu of letters to the editor and talk shows even the need for quality care for young children appears to be

debatable. Many dismiss the issue of day care as a "babysitting service" for parents who have to work, the purpose being to safely confine children under six, who are not ready to "really learn" yet, until a parent can resume care of the child. However, reviews of literature on child development and early childhood education (Alberta Education, 1976) restate the substantial influence of early experiences on the child's growth and learning. Supported by this research and strong convictions therefore, many child advocates have been calling for quality day care.

The Problem

Even when people agree that quality day care is desirable and even necessary several pertinent questions frequently remain unanswered; such as, "What is quality care?" "How can it best be delivered?" and "How can we insure that children are receiving quality care?" Policy making groups often find that answers to these questions do not come easily because research in day care is very limited.

Studies in related areas are however tentatively suggesting factors which contribute to the healthy development and well-being of children. Burton White (1978) and associates, in a longitudinal study that began in 1965 of overall competence in children, identified possible early experiences common to children who could subsequently be labelled as competent from skills and characteristics they exhibited. A review of evaluative studies of early childhood programs (Alberta Education, 1976) suggests that

a variety of classroom variables will influence the effectiveness of any program, and that "the teacher's competence" appears to be emerging as the most important classroom variable in effective programs. The review also advises that programs cannot simply be transferred to any situation and be equally effective. Rather all facets of the child's environment and development must be considered in evaluating the effectiveness of any particular setting for a particular child.

In direct references to day care Prescott (1973) and Cohen and Brandegu (1975) in separate publications underline the necessity of a variety of program options in order to meet the needs of children, families, and communities.

A number of alternative delivery systems for day care are already operating in large urban areas of Canada. To remain viable they must be answering some need. But are they providing quality care for children?

As stated previously, the research of White (1978) and the task force on teacher competence (Alberta Education, 1976), did not investigate day care. However, along with the studies of Prescott (1973) and Cohen et al. (1975) their research does suggest some important factors to consider when trying to provide quality care. Firstly, some experiences are common to children who develop well, but no definitive list of these experiences can be found in the literature on child development and learning. Many separate lists of children's needs and positive experiences

for development can be found though. Secondly, the role of the adult educator/caregiver in the setting should be closely examined, keeping in mind that a viable system for characterizing what constitutes competency to work with young children is presently lacking (C.D.A.C., 1978). Finally, what is actually happening with particular children in particular settings must be looked at. In this regard some standard of well-being must be kept in mind in order to compare what is happening to children with what could be happening if the quality of care were upgraded. Although no universally accepted standards of well-being are present in the literature some standards are listed frequently as "children's needs".

In conclusion ensuring quality day care is a practical problem. Some answers for solving this problem are beginning to emerge in the literature. What is lacking at present is methodology to identify the areas where existing programs need support in order to promote and maintain the well-being of children.

The Purpose of the Study

The investigator decided to focus the present inquiry on one particular program vehicle for day care - family day care. Although this form of day care is seldom under public scrutiny statistics indicate that at least eighty percent of children in day care are probably in some type of home or family day care (National Day Care Information Centre, 1978). The literature on family day care reports several studies in

which providers have expressed a desire and need for supportive services to fulfil their roles as caregivers and educators (Allen, 1971; Dokecki, 1971; Trisdorfer, date unavailable; Prescott, 1972). In a thesis on experiences and intellectual competence in family day care Sherwood (1976) states that there is a need for support systems to help family day care providers in developing the intellectual competence of children in their care.

Offering support to existing day care settings is a practical approach to upgrading the quality of day care. However, as suggested previously, to be effective programs should be answering the needs of particular settings and particular children. The purpose of this study was to develop and validate a method for identifying factors in family day care settings that require support as a first step toward providing quality care for children in these settings.

Definitions

For the purpose of this study the following definitions were used:

Family day care - the care of a child outside of his own home, in another private home. This alternative home supplements the care of the parents for more than three but less than twenty-four hours a day. The number of children is generally limited to six or fewer, including those of the family day care provider. The children's ages range from birth to twelve years.

Family day care home - in this study this term refers to the supervised day care homes (generally not licensed) under the Department of Social Services Day Care Branch of a large urban centre in Western Canada. When not licensed the maximum number of children placed in a home is generally three.

Family day care provider (also called family day care mother or caregiver) - the person who receives a fee for the care of children not her own in her home while the child's own parents are working or alternately engaged.

Research Questions and Design

The research questions prescribed the general design for the present study. These questions and the form that emerged for the study are outlined in the discussion that follows.

The study's purpose was to develop a system for identifying factors in family day care settings that require support as a first step toward providing quality care for children in that setting. Therefore four areas in the literature were examined for background information. Those four areas are described in chapter two as follows:

The Family Day Care Setting

The Meaning of Quality Care

Findings in Family Day Care Related to the Present Study

Data Gathering in the Family Day Care Setting

Following an examination of the literature answers to

the following research questions were formulated:

1. What standard for quality care is acceptable for the purposes of this study?
2. What research method or methods are appropriate for identifying factors that require support in family day care settings?

The development of a standard for quality care and a system for identifying factors requiring support are outlined in chapter three. A method for estimating the validity of the system is included. Because of the practical purpose of the study, details on procedures and problems in data gathering and analysis are also carefully recounted in this chapter.

Chapter four reports the results of data analysis carried out to answer the remaining research questions:

3. What is the nature of the system?
4. When the system is applied does it reveal factors that require support in order to provide quality care for children in those family day care homes?
5. What is the estimated validity of the system?

Chapter five offers conclusions about the system for identifying support requirements developed through the study and suggests implications for its use. Recommendations for further research are given. The report concludes with impressions of the researcher about the study.

Limitations of the Study

Several limitations are implicit in the design of the

present study. The presence and participation of the observer in the setting may have affected the behavior of the children and provider. Similarly interview data may have been contaminated by the desire of a provider to present a good impression or by feelings of discomfort in an unfamiliar situation. The informal nature of the interview could have influenced the way questions were asked and even what questions were asked. The accuracy of the questionnaire data could have been affected by a desire to give the "right" answer as well as the reliability of the instrument.

The possibility of researcher bias affecting the validity of the findings is also acknowledged. Conceptual bias is present in the selection of a definition for quality day care and the compiling of the Statement of Children's Needs. The selection of statements for the questionnaire and the interview format also introduced bias based on researcher decisions.

Much of the data in this study underwent marked changes while being transferred from taped observations or interviews to its final graphic form. Some of those changes involved value judgements. The possibility of coding bias was multiplied through every transfer.

The settings and children in this study are not necessarily representative of all family day care settings and children; therefore, the findings cannot be generalized to other day care children and settings.

Finally the method for identifying support needs was not developed as a system for rating family day care settings as good or bad. For that reason it should not be used as a summative evaluation tool.

Significance of the Study

The need for support systems in order to achieve quality care for children has been frequently advocated. Yet the need for additional services in politically governed systems often must be justified when diverse interest groups advocate different policies.

The present study was an attempt to develop a system for identifying factors in family day care settings that require support in order to provide quality care for children. This investigation highlighted some of the difficulties in trying to develop such a system including finding an acceptable definition of quality care and the problem of estimating validity in complex, little researched areas of study.

The study also laid a foundation for further research. A fairly comprehensive list of children's needs was compiled. A questionnaire on providers' attitudes toward children's needs was generated. A method for synthesizing diverse data was tried and its weaknesses and strengths were discussed. A definition for quality care was selected and used as a basis for identifying support needs. The specimen record technique for observation was used fairly successfully in the home-like setting.

Chapter 2

Background to the Study

The Family Day Care Setting

Family day care is appealing because it most closely approximates a home, the world familiar to a young child. It is neighborhood-based, requires little or no transportation, is flexible in its hours, adaptable to parental needs, and allows children of different ages in the same family to remain together. Family day care is the primary child care setting outside the home for children under 2½ years of age and meets the needs of many youngsters who are neither ready for the activity in a center nor ready to share the adult who cares for him with too many other children.

Coupled with the attractiveness of family day care for many parents is its appeal as an in-home occupation for the care providers. Working as family day care mothers has special appeal to those who have young children of their own and would prefer to stay at home with them; mothers are able to provide companionship for their children while supplementing family income. It is also an attractive occupation for those whose children are fully grown and who would like to continue doing what they feel they do best -- child rearing.

... Although all licensed day care homes must meet minimum standards, day care mothers demonstrate a wide

> range of skills and knowledge about child rearing practices, and the care they provide may vary greatly. (Valenstein, 1975, p. 65)

This account of family day care is typical of descriptions found in the advocacy literature on day care. Studies reported by Sale and Torres (1971), Keyserling (1972), Prescott (1972), and Valenstein (1975) substantiate many of the characteristics identified in the above description.

Twenty-two mothers in The Community Family Day Care Project directed by Sale provided care during weekends, swing shifts and at odd hours, mostly for children one to three years of age. Many of the children called the day care provider mamma or mommy. The ages, ethnic background and socio-economic status of the providers varied greatly. Income varied also according to the needs of users and providers. Reasons for becoming a family day care provider included a desire to stay at home with children and financial remuneration.

Demographic information was available for a third of the children cared for in the ninety-seven day care homes in Valenstein's study. Fifty-one percent of these children were under three years of age. Unlike Sale's sample the day care providers in Valenstein's 1975 study were described as "relatively young" and "well-educated" (p. 80). Their reasons for being in family day care were similar however - "enjoy working with children", "want to stay home with their own children" and "need the money" (p. 80).

Unlike the previous samples the 166 day care homes in the 1972 study reported by Keyserling were located in all four major regions of the United States. Information on age was available for about one third of the children. Of these, four times as many children under three years were in day care homes as compared to centre programs.

Findings from a comparative study of centre programs and day care homes by Prescott in 1972 also lend credence to the picture of family day care presented in the description from Valenstein (1975) at the beginning of this discussion. From her study Prescott concluded that homes offered a "more flexible environment" with "higher adult responsiveness" (p. 18).

Several studies (Keyserling, 1972; Valenstein, 1975; and others) have rated settings and caregivers and found variability in levels of service given.

However, not all findings from the studies cited blend with Valenstein's description. Day care homes in the Keyserling (1972) study were found to be "less likely than day care centres to accommodate their hours to the long working day of many working mothers" (p. 144). Although day care homes were usually closer to the home of the children than centres many of these homes were found to be underutilized because of "inconvenience of location" and "subsequent need for transportation" (p. 146). Though nearly half of the 166 homes cared for three or fewer children there were six homes with "11, 13, 16, 18 and 47

children" each; "two homes cared for 9 and three for 12 children" (p. 137).

A longitudinal study by Keister in 1972, cited in Ross (1978), compared centre and U.F.D.C. homes (unsupervised family day care) and showed that:

> (1) mobility is greater in U.F.D.C., than in centre care; (2) all siblings can rarely be accommodated in the U.F.D.C. home; (3) U.F.D.C. is nearby for low-income families, but not for middle-income families (pp. 115, 116).

The different findings from these studies give an indication of the variable nature of the family day care setting.

The following paragraph from an article in Good day care edited by Ross (1978) describes the support systems available to many supervised family day care programs across Canada and the United States:

> Most supervised family day care programmes have early childhood education or social workers or other trained field workers who select care providers and "match" them with families in need of care. Seminars and workshops are held for providers to discuss their problems and successes and to learn more about caring for children. Field workers visit the family day care home to supervise, offer help in planning activities and in understanding the children and to keep the family day care worker in touch with the agency. In

> some programmes, care providers are encouraged and helped to get together to exchange ideas and even work together in each other's homes. Some programmes are able to offer "substitute providers" when needed - for example, when a provider is ill. (p. 117)

No observational data on a "typical day" in a family day care setting was found in the literature. The following excerpt from an interview with a provider recorded in Collins and Watson (1976) is presented here to complete the picture for readers unfamiliar with the family day care system. The reader is reminded however that this self-report of a "typical" day only focuses on one setting from a highly variable form of day care.

> Interviewer: Could you tell me something about what the daily routine is for one of the kids you take care of?
>
> Giver: Well, like Tanya comes about ten-thirty in the morning because her mother has to be at work at eleven-fifteen ...
>
> Interviewer: Do you have much chance to talk with her mother when she brings Tanya?
>
> Giver: Well, yesterday I didn't. Today I said hello. When she brings her, she just brings her stuff and her and if there's anything for me to know, she lets me know. The lady I rent from, Carol, was upstairs and I was in the basement regulating my machine that's gone on the blink - I have to hand-work the timer - so I was

just finishing a load of clothes. I didn't even know she was really here. I knew it was time, but she'd come and left when I came up, so I got Tanya some toys to play with - and she's just swell to the other children, she just joins in. She's very small yet though - of course, she's crawling. And at noon I feed the other children in the kitchen and I give Tanya a half a sandwich. I put her down - well, right now, if I don't have Bobby, she goes in the playpen. Bobby's here today so I put her on the bottom bunk. I've been trying to teach her to take a nap, which she's doing right now - she's still asleep. Her and Ernie sleep on the bottom bunk and my daughter sleeps on the top to take their naps. And this varies from an hour to two hours. And she gets up and I change her - well, I change her before she goes to bed and I change her after.

Interviewer: What's she usually doing when her mother comes after her?

Giver: Well, usually, well she has supper with us and then - I try to make it a point to have the children all cleaned up and ready to go - and sometimes during the day, if they have light colored clothes on, I sometimes take the creepers off and I put on a pair of Ronnie's on her and let her crawl around and then I change her back when the mother comes so she's nice and clean. A child gets dirty - if your house is clean or not, when they crawl, they get grimy. And I thought it would help

the mother a little bit. And when she comes, usually I'm entertaining them. It depends on what we're doing. Last night we just finished dinner, so my oldest boy Martin - Tanya is a big favorite of his and vice versa - and she has to sit on his lap ... But her mother sits and visits if she can for a few minutes, like last night she stayed and talked about forty-five minutes. Sometimes she's tired and wants to get home, but if there's no pressing hurry, we talk about Tanya ...

Interviewer: What other things do you talk about?

Giver: Oh, last night, a little bit of everything - we've become sort of friends in a sense. She likes to sit and visit. (Collins and Watson, 1976, pp. 35, 36)

This account of everyday happenings in a family day care setting is from a publicly supervised home.

Collins and Watson (1976) report that public family day care is a fairly recent phenomenon beginning in the United States in 1964 when "the Office of Child Welfare of the Department of Social Services perceived care provided in a safe and stable home setting as a protective and preventative means by which to obviate the need for foster care" (p. 42). In 1967 mothers who received Aid to Dependent Children were offered the opportunity to become "Provider Mothers" (p. 42). A 1978 Canadian publication on day care edited by Ross provides a fairly thorough discussion on day care issues and includes an historical perspective on day care in Canada from 1850 to 1962. Yet it makes no mention of publicly supervised

family day care systems. Family day care (presumably unsupervised) is referred to as a less than desirable alternative when group care was not available. In a chapter on "day care in six provinces during the last decade" government supervised family day care is reported to have "(surfaced) as the cheap alternative" (p. 162) to centre care during a period of rising inflation in Saskatchewan in 1974 and British Columbia in 1975. The National Day Care Information Centre (1978) records figures for "approved family day care" from 1973 to 1978. Beyond these infrequent references to public family day care and general statements in the literature about informal home care arrangements being the most widely used form of care historically and at present, information on the evolution of family day care is limited.

Recent surveys (Keyserling, 1972; National Day Care Information Centre, 1978; and others) however have established the fact that family day care is a widely used service that continues to expand. There were 7,763 supervised or authorized family day care spaces utilized in Canada in 1978. The literature consistently points out that such figures only account for about ten percent of children who are actually being cared for in day care homes. Therefore about 80,000 children in Canada are presently spending large portions of their waking hours in family day care-like settings.

What is the present role of the family day care setting?

The following description by a provider in the Pacific Oaks Community Family Day Care Project offers one view:

> I'm not just a baby-sitter - I'm a day care mother. A sitter comes in for an hour and you tell her what you want for your child. I decide about meals, what time they are served, what to do when and why. In other words, I'm a substitute mother. So, I'm not a sitter - I'm a day care mother. (Sale et al., 1971, p. 39)

Many other family day care providers however do not see themselves as substitute mothers, providing a second home for children. The study by The National Council of Jewish Women (Keyserling, 1972) found that "sixty percent of those interviewed said that they did not provide educational activities for the children in their charge" (p. 148). A conclusion was that "the typical mother thinks of herself primarily as a babysitter" (p. 148).

Such perceptions of day care providers, and government policies that see day care as "an institutionalized form of welfare" (Ross, 1978, p. 148) appear to have grave implications for children in family day care settings in light of the following quotation from an article on "The Child's Right to Quality Day Care" by Butler in Childhood Education (November, 1970):

> Research in human development has indicated clearly that the first four or five years of life are the period of most rapid physical and intellectual growth and of extreme importance as the basis for later development (p. 59).

The Meaning of Quality Care

> Research on family day care is available but it is hard to find researchers who agree on a definition of quality. (Ross, 1978, p. 115)

The following comments on quality care illustrate the credibility of Ross's statement:

> ... educational, nutritional and health services, the essential components of quality care. (Keyserling, 1972, p. 2)
>
> ... quality of care depends on regularity, stability, continuity, flexibility, variability and recognition of individuality (recognition of various needs of individual children as well as the diverse needs of parents). (Neubauer, 1974)
>
> ... (quality means) a program which substitutes for a good home. (Prescott, 1972, resume)

Prescott (1972) points out that "Policy statements on day care frequently describe quality in terms of a custodial-developmental continuum with custodial providing only protection and attention to physical needs while developmental includes the whole range of services such as education, medical and nutritional supervision, and services to parents" (p. 4).

Caldwell in Auerbach (1978) demonstrates the difficulty in attempting to define quality care operationally. She asks if those who are trying to create settings for the happy and healthy development of young children can

conscionably evaluate their goals in terms of so many points on a developmental test, the criterion frequently used to judge program effectiveness. Such tests have been used in part in at least one instance to evaluate a support system for family day care homes (Rauch and Crowell, 1974).

Generally however, the children in care are not the focal point when a program is being judged for quality. Quality is more frequently operationalized in terms of caregiver competency, training programs, parent services and physical aspects of the setting. For example, an article in Auerbach (1978), "Developing quality for family day care" by Brostrom suggests the following priorities to insure quality care:

1. training of staff to deal with individual children's needs and staff needs.
2. upgrading of financial compensation and staff benefits.
3. parent services and parent involvement.

Projects by Sale (1971), Dokecki (1971), Rauch and Crowell (1974), Valenstein (1975), and Colbert (1976) have sought to improve the quality of care by providing some or all of the support services enumerated above plus others. Ideas for support services were frequently borrowed from other projects. Usually day care providers were asked for input through pre-program interviews. Observation, with a focus on the day care mother and her interactions, was employed as well in the Dockecki and Rauch et al. studies to form

program objectives.

In defining quality in terms of trained personnel, physical facilities, educational and medical services and so on, the implication is that if all these elements are present within a setting that a child's developmental needs will be met. Yet only the Rauch et al. (1974) study looked at child outcomes. Perhaps researchers are making a comment on the purposes of day care. Is the primary objective of day care to free parents for other activity, or upgrade employment standards, or is it as stated in Day care 1, A statement of principles (Office of Child Development, 1970) "to meet the needs of children for experiences which will foster their development as human beings" (p. 2)?

Findings in Family Day Care Related to the Present Study

A number of projects or studies have been set up with the expressed purpose of discovering problem areas, providing support systems or improving the quality of family day care. Several methods that have been applied and their results are briefly summarized here.

The major focus of most studies seeking to improve the quality of care has been on the day care provider. Colbert (1976), Trisdorfer (date unavailable) and others have used interviews to find out what providers want in training programs. These studies frequently emerge with similar findings. The list often includes activities for children, opportunities for providers to meet with peers, a toy loan, and workshops on relating to parents, nutrition, first aid

and finances.

The main approach to improving care or ensuring quality has been the development of training programs and support services (Sale, 1971; Dokecki, 1971; Rauch and Crowell, 1974; Colbert, 1976). In addition to interviews about support needs direct observation of the caregiver interacting with the child has also been employed (Dokecki, 1971; Rauch and Crowell, 1974) during home visiting sessions to upgrade the quality of care. In these cases too the focus was on the mother - her skills and interactions.

Both Colbert (1976) and Rauch et al. (1974) used extensive pre and post training measures to try and assess the effectiveness of their support systems. Rauch et al. included child measures to assess the cognitive, psychomotor and social-emotional areas. Both studies reported positive results in the areas they measured. However, Rauch et al. (1974) and Dokecki (1971) are among the critics of such evaluation schemes. They call for more research on the validity and reliability of instruments that evaluate caregiver performance.

In summary, mainly one approach - training programs and requested support systems - has been used to improve the quality of care in day homes. The focus has been on improving the skills and changing the attitudes of family day care providers and yet the means for assessing desirable characteristics for caregivers are in need of validation and reliability testing.

Data Gathering in the Family Day Care Setting

> After years of observing in group care programs, our first observations in homes produced a kind of culture shock. Conversations were not formal discussions of "what little rabbit did" but about whether the photograph on the bureau was taken before or after the family day care mother was married ... Homes offer a slice of the real world and do not have the feeling of artificiality common to many group programs. (Prescott, 1972, p. 17)

Prior to Prescott's study in 1972 very little data gathering had been carried out in family day care homes, therefore it was difficult to anticipate how effective various social research techniques would be. In the past eight to ten years, however, questionnaires, interviews and observation have all been used to gather data in that unique setting.

In the wide ranging survey reported by Keyserling (1972) to discover the nature of day care arrangements across the United States, participants found that gaining access to day care homes and interviewing their proprietors was one of their most difficult tasks. One interviewer reported:

> We were not prepared for the threat that we posed to these individual day care homes ... It seems obvious to us that day care mothers (home proprietors) didn't feel free enough to express their problems openly. (p. 131)

Most survey participants found it "harder to interview operators of unlicensed homes than of licensed ones" (p. 132) except in one social welfare jurisdiction where the reverse was true. Officials claimed the interviewers were "invading the privacy of licensed mothers" (p. 132).

Allen (1971) found that most mothers in his sample of licensed homes "seemed delighted to have a chance to relate to a peer" (p. 26) when asked to complete a questionnaire brought to the home. Both Trisdorfer (date unavailable) and Colbert (1976) found day care mothers willing and able to respond to an interview format, thus providing valuable suggestions for training needs.

Sale in Auerbach (1978) refers to the practice of offering a service to programs in order to establish and maintain trust. Eight such services were offered in her Community Family Day Care Project and as a result twenty-two homes were accessible for observation.

Although observation has been employed in a number of family day care studies (Dokecki, 1971; Mayall and Petrie, 1977; Prescott, 1972; Sherwood, 1976) little discussion of technique or problems encountered was found in the literature beyond the comments of Prescott presented at the beginning of this discussion. However researchers outside the area of family day care (Yarrow, 1963; Brandt, 1972) have commented on observation in the family and other naturalistic settings. Both Yarrow and Brandt have discussed the necessity of minimizing observer influence.

Time to become accustomed to each other is suggested, as well as each participant being aware of their role. Yarrow suggests that the research purpose not be concealed; whereas Brandt advises that the "specific and complete nature of the data not be made explicit" (p. 144) and that only plausible, general reasons be given for the observer's presence. Yarrow suggests that the researcher's purpose should have an immediate use and feedback, a concept also embraced in the article by Sale in Auerbach (1978). Brandt stresses protection of individual identity at the analyzing and reporting stages.

Yarrow (1963) encourages the use of direct observation with no pre-determined limiting categories in order to discover "uncommon" data (p. 223). In discussing past techniques used to collect data on child-parent interaction he is critical of interviews on child-rearing practices and attitudes, disparaging them as "self-descriptions by extremely ego-involved reporters" (p. 217). He also points out that rating scales cause loss of important variations. In order to improve the methodology he suggests obtaining assessments from different sources but based on the same or nearly the same samples of behavior. Finally he makes a strong appeal for research which deals with actual behavior.

Chapter 3

Procedures and Design for the Study

This study had two main purposes - to formulate a system for identifying factors requiring support in family day care settings and to estimate the validity of that system. Chapter 3 contains a description of the three phase design and research procedures that evolved to achieve these purposes.

In phase one of the design the meaning of quality care was set for this study. Methods for collecting a data base were researched, adapted to the present study, tested in pilot studies, and applied in settings selected for the study. The "Support Needs Identification System" thus formulated by the researcher included three methods - observation, questionnaire and interview.

During phase two data from each instrument and data for each setting from the combination of instruments was analyzed. From the analysis methods for developing and presenting a picture of needs in family day care settings emerged. The method chosen by the researcher for synthesizing the diverse data was selected in order to satisfy several criteria:

1. To illustrate needs requiring support in family day care settings in a concise format which may enhance the practical value of this system.

2. To present data in a form which enables the

researcher to estimate validity by an accepted procedure.

Phase three of the research design consisted of a comparison of researcher ratings of the study settings, based on data collected via the "Needs Identification System" with ratings by external agents. This comparison was carried out in order to estimate the validity of the system developed through the study.

The Meaning of Quality Care

Quality care has frequently been defined in the literature in terms of staff competency and support services. Systems have subsequently been evaluated in terms of staff training and experience, and services provided. Most observation in the day care settings has focused on the provider. Validation of methods for judging provider competence has been a problem in previous studies.

The primary focus of the present study was instead the children in family day care settings and what is actually happening with them. Because satisfaction of children's needs has generally been accepted by professionals and others to be of primary importance to a child's healthy growth quality care was defined for the present study as care that meets the needs of the children.

Methods for Collecting a Data Base

The literature on social science research methodology and needs assessment was reviewed in order to find appropriate methods for identifying unmet needs of the

family day care settings. This review revealed that a multimethod approach to data collection was the best way to ensure the validity of findings when considering complex human questions. Therefore a number of possible techniques for identifying needs requiring support were drawn from the literature and listed for further appraisal. The list included questionnaire, interview, and observation using narrative, checklist and rating data.

Previous studies carried out in family or day care homes were surveyed next to find out which of the listed methods might be used effectively for the present study. Research by Allen, 1971; Dokecki, 1971; White, 1975; Colbert et al., 1976; and others, demonstrated that all of the enumerated techniques could yield data on the nature of the environment and interactions in a family like setting.

The researcher then visited a family day care home to gain further knowledge about the nature of the family day care setting. With the permission of the day care provider most of the hour and a half visit was recorded on tape. The purpose of the proposed study and procedures were explained by the researcher in a general way. In turn the provider described a "typical day" in her family day care setting. She also commented on support systems and problems, detailed from the literature on family day care systems by the researcher, in a semi-structured interview. During a follow-up discussion the day care mother expressed her reactions to the questions asked and the interview process

itself. The taped interview and informal observation of the children, provider, and physical surroundings during the visit served to further sensitize the researcher to which techniques could best be used to identify needs in a family day care setting.

Following these investigations the researcher made several decisions. Both observation and non-observation research tools would be employed in a multimethod approach to identifying unmet needs in the setting. The system developed through the study would focus on the beliefs of day care providers, the behaviors of persons in the day care setting, and pertinent aspects of the physical environment.

The next task was to determine the specific instruments that would comprise this "Support Needs Identification System" for family day care settings. A list of children's needs was required to set a standard for comparing what needs were being met and what needs were not being met in a setting. From the list of children's needs a questionnaire was to be generated. The questionnaire would be employed to find out if provider's beliefs about children's needs as expressed in the questionnaire would reveal some unmet needs of that setting.

An observation scheme would be incorporated in the system to find out if overt behaviors of persons in the setting and observed features of the physical environment could reveal support needs for the healthy growth of children in family day care settings. To complete the multimethod

approach an interview with the day care provider would be included to discover unmet needs that may not have been identified through the questionnaire or during the observation period. Informal interviews with children over six years of age were added as the system was applied. These child interviews took place ad hoc during the first observation period in one particular setting. The researcher anticipated that all parts of the multimethod system - observation, questionnaire and interview - may be necessary to give a full picture of support needs in a setting, or that one or two parts of the system applied by themselves could identify the same support needs as the complete system.

The following paragraphs recount in greater detail the development of the parts of the system.

The statement of children's needs. Any list of needs will be biased by the knowledge and values of its creators. The grouping of needs into categories such as social needs or intellectual needs places arbitrary divisions among essentially interrelated categories. Their interactive nature is illustrated by the relationship between the intellectual need to make choices about materials, activities, and when to play with others, and the emotional need of children to actively explore their world. If one of these needs is not satisfied the related need cannot be fully satisfied either. For these reasons no definitive statement of children's needs or exact agreement on

categories are present in the literature on child development and learning or in policy statements for children's programming. However many discussions of children's needs seem highly consistent in content.

"The Statement of Children's Needs" (Appendix A) was a synthesis then of needs drawn from a variety of policy documents, pamphlets and texts. This list reflects a bias of North American knowledge and beliefs about the healthy growth of children. The categories assigned - physical, intellectual and language, emotional, and social needs - represent the most common labelling of needs. Other classifications of needs including creative and aesthetic needs are not as widely accepted or as well defined in the literature and therefore were not used at this time. In order to increase content validity the list was made as comprehensive as possible. In addition "The Statement of Children's Needs" was submitted to two experts in the field of early childhood education for comment on its validity. As a result of their suggestions several statements were reworded and details were added to others to clarify meaning.

The children's needs questionnaire. Since no suitable instrument to survey family day care providers' attitudes about children's needs was found in a review of attitude scales a questionnaire (Appendix B) was generated from the Statement of Children's Needs and source materials used in developing that statement. Each of the one hundred and eight belief statements making up this structured questionnaire

required a closed-form response recorded by checking one of five categories - strongly agree, agree, undecided or uncertain, disagree, strongly disagree.

A number of procedures were followed to try and minimize some of the biases for which questionnaires are frequently criticized. Statements in the questionnaire were checked to ensure that they reflected the full content of the Statement of Children's Needs. Some statements were written in a negative wording style to discourage automatic or patterned responses. All were randomized using a table of random numbers to prevent researcher bias from eliciting patterned responses. The statements in form A (Appendix B) were randomly ordered a second time to compose form B (see Appendix C) in order that response consistency could be checked at the pilot stage. Day care providers were given oral and written assurance (Appendix D) that individual responses would remain anonymous in the reporting of results. This guarantee of anonymity was an attempt to counteract any tendency toward checking only the perceived socially acceptable responses rather than responses which more accurately reflect the provider's beliefs and actions.

The interview. The purpose of the interview with the day care providers, as stated previously, was to verify needs identified by other parts of the system and to provide additional data beyond the limitations of the questionnaire and the observation scheme. To achieve these purposes the researcher decided to adopt an unstructured

interview schedule.

Part of the schedule (Appendix E) consisted of open-ended probes directed at questionnaire responses. For example, the day care provider may have been asked to comment on why she responded "strongly disagree" on some items or to discuss a need statement which cited a child need that she frequently has difficulty satisfying. These comments would later be analyzed to see if they confirmed needs identified by the questionnaire and/or observation scheme or added new information via self-report.

During the remainder of the interview the researcher directed the day care providers to focus on issues that are frequently noted in the literature on family day care; such as, availability of workshops, relationships with parents and supervisory assistance. Some of the issues coincided with support needs identifiable through the questionnaire and/or observation scheme. For example, the need for first aid workshops could be revealed during an observation period if a child received inappropriate medical attention. Interview comments on this particular category of need in that case may or may not be redundant. Other issues however, such as, the need for regular social worker visits, were not incorporated in the questionnaire and were unlikely to be exposed during the observation periods. Therefore discussion directed by the interviewer would be the only technique in the devised multimethod system to potentially identify these particular support needs.

Although a focused interview format was to be used in order to identify possible support needs anticipated by the researcher the interview framework was to remain flexible enough to encourage providers to talk freely about family day care issues, their attitudes on children's needs and their own behavior in relating to children as perceived by themselves. A number of techniques enumerated by Brandt (1972) were to be used to establish the kind of rapport that encourages such free flowing talk. In addition the interview was to be the last method to be employed in the system, thus allowing time for sufficient trust to develop between observer/interviewer and the provider.

Observation. Each of three general types of observational data classified by Brandt (1972) were considered by the researcher for recording behaviors of persons in the setting and certain features of the physical environment that may reveal needs. After considering the strengths and limitations of each type the researcher selected two narrative procedures.

Checklist data was deemed inappropriate and consequently discarded because as Brandt (1972) pointed out, "Items to notice in a behavioral situation are clearly established ahead of time" (p. 81) when using the checklist method. Although many of the possible support needs for family day care settings could be anticipated by the researcher not all could be predicted ahead of time. Therefore valuable information on needs might be ignored if observations were

recorded by checklist only. In addition because no suitable observation checklist exists one would have to be developed with items that could be "classified ... quickly ... with a high degree of objectivity" (Brandt, 1972, p. 81). Compiling and defining these items would have been arduous and lengthy tasks worthy of a separate, complete study in itself. The researcher was also concerned that the mere number of needs that should be included on a checklist would mitigate against an observer seeing a cross-section of behaviors and establishing a reasonably accurate picture of need satisfying behavior.

No rating scales for judging the support needs of family day care homes presently exist. The difficulty of defining traits and overcoming the many biases that can enter into rater judgements led the researcher to also reject ratings as a means of collecting data for identifying support needs.

Narrative data on the other hand can avoid the restrictive features of the checklist and the numerous inadequacies of rating data. Narrative data allows the researcher to capture much of the ongoing behavior and what Brandt (1972) refers to as the "influencing environment" (p. 90), preserving this information for later interpretation.

The specimen record in particular seemed appropriate for the present study. As noted by Brandt (1972), with this technique "behavior is described continuously over relatively brief time intervals (say, an hour)" (p. 86) - a vital

consideration if the system was to be used in the future by busy practitioners. As well, Brandt (1972) remarks "Specimen records are excellent vehicles for discovering behavioral patterns in existence in a wide variety of situations" (p. 88). A literature review had revealed that events in family day care homes may vary from day to day and hour to hour. Circumstances also can vary from one setting to another. The nature of the specimen record then appeared well suited to obtaining and recording as much of the ongoing behavior in family day care homes as possible in order to reveal unmet needs.

In addition brief ecological descriptions served to record pertinent observations about physical surroundings which may be affecting behavior. Unlike the recording of behaviors no attempt was made to record all possible observable elements of the physical environment. The observer focused in only on environmental factors interpreted on the spot as important to the satisfaction of children's needs. Recording of behavior took precedence over noting the physical environment. Therefore ecological descriptions were recorded usually during a lull in activity or when an activity was continuing much the same as previously recorded.

The tape recorder was used to aid the observer in obtaining the fullest description possible including the actual "talk" of the providers and children.

Ratings. Rating data was rejected at the data

collection stage for the Support Needs Identification System because of the difficulty of defining traits and overcoming the many biases that can enter into rating judgements. However comparing results from an instrument with ratings by an external agent is an accepted way of estimating concurrent validity (Van Dalen, 1962). Other methods for estimating concurrent validity; such as comparing the instrument to a similar measure could not be used with the Support Needs Identification System because no similar system exists. Therefore in spite of its inherent weaknesses rating data was adopted as a means to measure concurrent validity.

An ordinal scale composed of three ranks ("requires much support", "requires some support", and "requires little support") in order to provide quality care for children was used. Family day care supervisors acting as agents external to the study made judgements based on their direct knowledge of the settings. Ratings were made based on data from the Support Needs Identification System. Subjective researcher ratings were added for further comparison.

The rating processes and procedures for using this data to estimate validity are described in greater detail on pages

Summary. Observations in the family day care setting recorded as specimen records and ecological descriptions, the "Children's Needs Questionnaire" developed by the researcher, and a focused interview with the family day care

provider were the methods devised for collecting the raw data for the "Support Needs Identification System". In addition ratings by family day care supervisors became part of the data base for the study, providing a comparative measure for estimating the concurrent validity of the system.

Collecting the Data Base

Establishing the settings. Day care supervisors from eight social service regions of a large city in western Canada were asked to identify two family day care settings in their own region that varied in their ability to meet the needs of children in their care. Of the eight pairs of settings submitted by the day care personnel one pair was chosen for the pilot study. Subsequently a second pair were not included in the study because of a possible language barrier. In addition two settings were excluded because the provider planned to leave the program before the data collection would be complete. A replacement setting was submitted for one of these. Two more providers were to be on holidays during the data collection period. Finally three of the remaining settings had to be eliminated at the analysis phase. In one case a language problem seriously affecting the reliability of data became evident during the administration of the questionnaire and the post questionnaire interview. In the second case, undetected problems with the audio tape left fifty percent of the interview garbled beyond comprehension. In the third setting written parent consents were not submitted even

after several follow-up attempts to obtain them. Therefore of the nine settings in which the system was applied six were included for the purposes of the study. The six settings were from four of the eight social service administrative regions.

The settings were spread geographically across the city and represented a wide variety of situations. Physical settings included single family and multi-family dwellings. The day care children ranged in age from ten months to eleven years old. The number of day care children per home ranged from one to six; however, there were never fewer than three children present in a setting when the provider's children were counted. The number of children varied from visit to visit in several settings because of holiday placements, vacations and visitors.

Data collection procedures. The data base for the study was collected in three stages. At the first stage external ratings for estimating validity were obtained. The purpose of the second stage was to introduce the present study to the provider and to gather background information on each family day care setting. During the third stage raw data for the system was gathered through observation, questionnaire and interview.

For the purpose of estimating validity family day care supervisors were asked to select two family day care settings, each requiring a different level of support in order to provide quality care for children. Quality care

was explained to be care that meets the needs of the children in care. The levels were "require much support", "some support", or "little support". Prior to the selection being made copies of the researcher's study proposal were distributed to the supervisors along with a letter from a senior administrator explaining their proposed involvement in the study. Then at a regular staff meeting the researcher discussed the meaning of "quality care", "much support", "some support" and "little support" with the supervisors. At that meeting a rating form (Appendix F) was completed by the supervisors. The rating form was submitted directly to the senior administrator. The ratings were not disclosed to the researcher until the researcher's own ratings based on data from the Support Needs Identification System were ready for comparison.

During the second stage of data collection initial contacts with the day care settings selected for the study were made by the social workers on regularly scheduled supervisory visits or else by telephone. At that time providers were given a general explanation about the purposes and procedures for the study. The social worker obtained a verbal consent from the provider to use her home as a setting. In some cases the social worker talked to parents before parent consent forms (Appendix G) were distributed, to generally explain their child's role in the study.

The researcher made her first contact with the day care

provider by telephone, briefly introducing herself and the study by referring to the social worker's initial contact. The first home visit, the information visit, was scheduled at this time.

The purpose of the information visit was to complete administrative tasks necessary for data collection and to continue building rapport. During the visit the provider was asked to complete an information form (Appendix H) recording children's names, ages, arrival times, mealtimes, and so on. Some of this information was gathered to facilitate analysis of future observations. Other facts were used during this first visit to schedule subsequent observation and interview sessions. A written consent (Appendix D) to proceed with the study was obtained from the provider. The method for distributing and collecting parent consent forms (Appendix G) was explained. This first visit generally lasted a half an hour to a full hour depending on how much the provider participated in informal discussion.

During the third stage of data collection two one hour observation sessions were carried out in each setting. An attempt was made to schedule the first and second sessions at different times of the day in order to observe a greater cross-section of behavior. Nap times were avoided and mealtimes were overlapped with other activity intervals. The two observation sessions were scheduled at least a day apart, with no more than a week between visits when

possible. Two hours in one day could have put undue strain on participants. Long intervals between visits (especially in settings with young children) would make it difficult for the observer to maintain acceptance as an unobtrusive part of the scene.

Ongoing behavior and descriptions of the physical surroundings were recorded directly on tape. Some of the observations were transcribed on the same day or the following day while others were transcribed after all data had been collected.

The administration of the questionnaire and the interview were done in a final session after the observations were completed. The questionnaire statements or interview queries then could not contaminate the behavior to be observed. Generally an attempt was made to arrange a time for the questionnaire and interview when the children would be resting. When this was not possible the researcher usually played with the children, allowing the provider to complete the questionnaire with a minimum of interruption. In either case the researcher occupied herself with activities in order to relieve the providers from feeling pressured for time. The questionnaire generally took about twenty minutes to complete with the interview rounding out the hour. However in several cases the interview stretched over two hours. When the questionnaire was completed the researcher turned on the tape recorder and generally began the interview by inviting the provider to comment on the

questionnaire. The researcher then directed the interview using a prepared guideline (Appendix E). The interviews were all transcribed after data collection was completed.

Pilot studies and revisions. A pilot study was conducted in stages approximately one month prior to the commencement of the present study to check the practical application of the Support Needs Identification System and the administrative procedures for the present study.

The questionnaire was administered to three students working in a training college day care centre and two day care providers from family day care settings supervised by the city's Day Care Services Branch. One of the providers was from a setting rated by the immediate supervisor as "requiring much support", the other from a setting rated as "requiring little support" in order to meet the needs of children. Upon completion of the questionnaire respondents were asked to identify items which contained unnecessary jargon, appeared vague, were too lengthy, or included too many ideas for a single response. They were also asked to comment on the overall tone of individual items and the overall length of the questionnaire.

Each day care provider answered a second questionnaire two to three days later. Two respondents repeated form A and three completed the parallel form B. Changes from "strongly agree" to "agree" or vice versa were counted as consistent responses varying in intensity only. Similarly "disagree" and "strongly disagree" were considered consistent.

Response variance from "undecided or uncertain" to "agree", or "agree" to "disagree" were judged inconsistent. Response consistency was above .86 (see Table 1 for a complete summary of reliability results). As a result of respondent comments and the reliability data the wording of three items was changed and the questionnaire was photo-reduced to ease analysis of results and shorten its appearance.

The specimen record technique was applied during a visit to the family day care setting, selected for the pilot, that was judged to require little support. This observation and recording session confirmed or revealed that:

1. An hour was a reasonable time interval for an observation session.
2. More than one observation visit would be necessary in order to more fully identify a range of needs.
3. The observer must join in the conversation and activity (e.g. snacking) at times in order to keep the situation as "natural" as possible.
4. Adults appeared to become self conscious about speaking when they overheard the observer repeating their conversation into the microphone. When in close quarters it seemed to be less obtrusive to record "adult talk" directly.
5. All behavior cannot be observed because the right to privacy must be respected.
6. A conscious effort must be made to change the focus from one child to another in order to observe how each

Table 1

Reliability Results of Questionnaire

from Pilot Study

Type of day care provider	Test/ retest form	No. consistent but varied intensity on retest			No. same on retest	Total consistent on retest (same & varied intensity)	Consistency as a Percentage
		more moderate	more extreme	consistent			
Family DCP	AA	18	4	22	78	100	93%
	AB[a]	25	1	26	65	92	87%
Group DCP	AA[a]	15	6	21	82	103	97%
	AB_1	13	4	17	85	102	94%
	AB_2	4	8	12	94	106	98%

a Only able to compare 106/108 possible responses because in each case two responses were omitted.

child's needs are being met. Time sampling is not appropriate for this purpose. The observer must make on the spot decisions about what to focus on and whom to observe.

7. It may be necessary to interview school age children as well as observe them or data may be very limited due to their long absences from the home. As well interviewing older children may help to "break the ice" and ease their reservations about being observed.

The interview taped in the exploratory stage of the study to gain familiarity with the family day care setting was reviewed in order to identify fruitful questions and improve interviewing techniques.

Letters of consent for providers and the parents of children in the pilot settings (Appendices D and G) were well received. The information sheet (Appendix H) seemed to be a good way to introduce the study on the first visit. It stimulated discussion and therefore contributed to the establishment of rapport vital to the study.

Summary. Data collection procedures are summarized in the following outline:

1. First visit to family day care home
   - introduced study
   - obtained signed provider consent
   - filled out information sheets
2. Second visit
   - obtained signed parent consents
   - observed for one hour recording on tape

3. Third visit
   - two days to a week following second visit
   - observed for one hour recording on tape
4. Fourth visit
   - provider filled in questionnaire
   - provider interviewed

Developing a Picture of Needs from Data Analysis

Once the data had been collected by observation, questionnaire and interview the task was to develop a picture of needs across settings from the data gathered through the individual instruments. In addition needs in each setting were to be illustrated by combining data provided by the three instruments.

A cursory analysis of the data indicated that much of the observation data could be grouped within categories transferred directly from the "Statement of Children's Needs". These same categories (see Figure 1, Chapter 4, numbers 1-49), not surprisingly, were appropriate for analyzing responses to the questionnaire which had been developed from the "Statement of Children's Needs". However the analysis also revealed that some parts of the observation narrative and most of the interview comments required additional categories. These categories (see Figure 1, numbers 50 to 65) were generated from the interview guideline or directly from the data during analysis.

At each stage of analysis before the final stages which involved synthesis, the examination of data from one

instrument was completed before data from another method was considered. This procedure was followed in order to reduce the possibility of data from one method contaminating the analysis of data from another method.

Stage one: An emerging picture. The following paragraphs give a step by step account of the procedure carried out to categorize the data from each instrument. Examples from the data have been included to aid others who may wish to study this system for identifying unmet needs. Names of the children have been changed and examples that preserve the anonymity of study participants have been selected.

Upon first examination of each observation record, sections of the narrative that in the researcher's opinion related to the needs of children in the family day care setting were underlined. The underlining was colour coded according to the broad need category that the narrative pertained to: social - green, physical - orange, intellectual - blue, emotional - red. The subcategory was recorded in an abbreviated form adjacent to the narrative in the margin. Subcategory descriptions were colour coded to match their broad categories. Narrative relevant to the children's needs but not falling into the above categories were underlined in yellow and labelled "other" until further analysis revealed appropriate categories. The following example from an observation record illustrates this first step in the identification of needs:

nutrition Mother is making up breakfast milkshakes.

making choices Asks the children what kind they want.

"I want strawberry", says Joey, and he puts his

getting attention hand up.

Mother softly responds, "Just a minute. Just a minute."

taking freely Bob comments, "Some people don't like strawberry aye?"

Mom replies, "Right!"

adult as resource Then Bob Says, "I want a bigger cup."

"Can I have some straws?" asks Melanie.

making choices "I like that pink one," states Bob. "Where'd it

positive social behavior go? Thank you."

During a second reading of the observation records the researcher transcribed the examples directly from the narrative to data sheets containing broad category headings and category sub-headings. Examples from completed data sheets of one setting follow:

Social Needs

practical skills - no data

positive social behaviors - cracker to (toddler)

"ta, ta ... ta? Okay, sit there. od boy."

- toddler (vocalizing). Provider, "Please".

attachments - (infant) starts to cry as provider leaves her

- (infant) crawls over to provider

- (infant) following provider

When the interview data was being analyzed narrative related to the needs of children was again underlined. A colour coding system was not used however. "Needs of Children" categories (Figure 1, numbers 49 to 65, p. 59) were established from the observation analysis and had been assigned a number. As the "Needs of Providers" and "Other Needs" were added they were also assigned numbers. The category number then was placed in the margin adjacent to the pertinent narrative to aid subsequent analysis as illustrated in the following two excerpts from one interview.

Interviewer: How helpful do you feel workshops on
11 first aid would be to you? Would that have been very useful?

8 Mother: Oh yes. Nutrition is a good one too. We've had quite a few.

Interviewer: And you've found them helpful?

Mother: We had a seminar ... it was on child behavior
51 and how to deal with your child if he's really energetic ... And was it ever fantastic.

Mother: I would like to see (the social worker) come
57 around more often. I enjoy that because she has ideas for me and I got ideas for her because as a group you

can't sit down and talk person to person.

Interviewer: You like the one to one exchange?

Mother: Yeh! I do and she doesn't often have enough time either - like I could sit down and talk to her for about three hours.

Interviewer: You find it is helpful just to talk to someone period?

Mother: Besides having children around all day yelling at you. It is nice to have someone around that understands what you are doing and going through and that can give you some fresh ideas.

Data sheets for grouping examples from the narrative were deemed unnecessary in analyzing the interview data. Unlike the observation data the interview narrative frequently yielded only one or two examples or no examples at all relating to a particular need category.

Because the questionnaire was developed from "The Statement of Children's Needs" questionnaire responses could be directly linked to the "Needs of Children" categories which had been transferred directly from "The Statement of Children's Needs". The relationship of questionnaire statements to need categories is shown in Appendix I.

At the first stage of analysis therefore all responses by a provider were given one letter code; for example, A for one provider, B for the next, and then transferred to a master sheet (see Appendix B). The master sheet had previously been marked to indicate which responses would

reveal a positive attitude toward meeting a particular need.

Stage two: Choosing a form of presentation. At the completion of stage one of the data analysis the researcher was faced with the difficult problem of what form the picture of needs for individual settings and across settings would take. Several pilot forms were tried before a final one was chosen.

Based on the conviction that case studies would provide the most explicit picture of each setting, narrative descriptions of need satisfaction patterns in two settings were drafted from the observation reports. However after examining the descriptions, the interview data, and questionnaire responses, the case study method was rejected for a number of reasons.

Anonymity, which had been guaranteed to the study participants, would be impossible without distorting many of the observed setting details which in turn could distort the picture of needs for that setting.

Synthesizing descriptive data from observation and interview, and checklist data from the questionnaire into a narrative form would be an awkward and laborious task. Incorporating the checklist-type data into a narrative report would involve much repetition.

An overall picture of needs in family day care homes across settings would be very difficult to envision by reading a number of long and detailed descriptive reports.

Also for the purpose of this particular study the

researcher wanted to estimate the validity of the system developed to identify needs. One of the few means of accomplishing this would be to compare external ratings of setting needs with ratings based on the data collected by the Support Needs Identification System. While attempting to rate the two settings for which "needs satisfaction pattern" descriptions had been prepared, the researcher concluded that the patterns were complex and variable. Establishing criteria for directly rating such a complex and variable narrative picture of needs would be very difficult if not impossible.

After the investigation into using a narrative form to present a picture of needs the researcher decided that the form chosen to synthesize the diverse data would have to satisfy at least two criteria:

1. To illustrate needs in family day care settings in a concise format which may enhance the practical value of this system for needs identification across settings.
2. To present data in a form which enables the researcher to estimate validity by an accepted procedure.

Working with these criteria the researcher re-examined the data as it was following stage one of the analysis, beginning with the observation data.

After considering the examples under the need categories on the observation data sheets (see examples cited previously in this chapter), the researcher labelled each

category in each setting. If the examples indicated the need was not being met at times the researcher marked that category RS for "requires support". If the examples indicated no need for support the category was marked URS for "unlikely to require support". Where no data was available or appeared inadequate for making a decision the category was marked ID to represent "insufficient data".

The labels for each category and setting were then transferred to the chart illustrated in Figure 1, Chapter 4. For sake of clarity and easier reading RS, URS and ID are represented on the grid by ▩, □, and ▨ respectively.

Because examples relating to need categories were limited in the interview data they were examined directly from the narrative. These examples were easy to locate because as explained earlier they had been previously coded for need category in the margin. The labels for the need categories then - RS, URS, or ID - were directly recorded on the chart.

A similar process was followed to draw need patterns from the questionnaire data. When statement responses were outside the columns previously marked by the researcher the corresponding need category was marked "requires support" on the chart. The judgement - "unlikely to require support" - was withheld until all responses pertaining to a particular category had been examined. The label ID - insufficient data - was used only when pertinent statements or responses were not present.

While establishing the system of illustrating the needs pattern on a grid the researcher had examined the use of labels to indicate levels of need such as high, medium, and low. The idea was abandoned because common criteria for these levels could not be set across the three types of data.

Stage three: A picture of needs. The chart form for presenting a picture of needs (Figure 1, Chapter 4) satisfied the previously established criteria. By reading the columns vertically a pattern for an individual setting can be seen. Need across settings can be viewed by examining the results on the horizontal axis. An overall picture of needs can be seen, if not fully comprehended, at a glance. And finally the section which follows will demonstrate that data from the grid can be transformed into ratings based on set criteria enabling the researcher to estimate validity for the purposes of this study.

Estimating the Validity of the System

The validity of the system was estimated by comparing researcher ratings of support need based on data gathered through the system and ratings by external agents familiar with the setting. In addition subjective ratings had been made by the researcher prior to data collection.

The process for obtaining the external ratings was described in the section "Collecting the Data Base". The ratings were based on the supervisor's knowledge of the day care home and an understanding of how children's needs are met.

System ratings were based on the observation and questionnaire data. Interview data was not considered for rating purposes because topics discussed varied from setting to setting and therefore the data for the need categories varied as well. In addition more perceptive providers may recognize and state more needs during an interview than those who are less aware of needs in their family day care home. Since only 52 categories yielded either observation or questionnaire data only these 52 were considered for rating purposes.

Categories coded RS (see Figure 1, Chapter 4) in either the observation column or the questionnaire column or both were counted as one setting need requiring support. Needs requiring support were then counted. Settings were then rated by criteria established by the researcher. The criteria are outlined in Chapter 4 (p. 75).

System ratings were then compared with the external ratings by supervisors and researcher subjective ratings. The estimate of validity was recorded as a proportion of total settings that were rated at the same level of support by the system, external agent, and researcher.

Chapter 4

Findings from Data Analysis

In this chapter patterns emerging from the application of the Support Needs Identification System are reported. Data on the estimation of validity are given. Finally data related to the methodology of the study are discussed.

Emerging Patterns

Figure 1 illustrates the picture of needs drawn by the Support Needs Identification System when it was applied in six family day care settings. A cursory examination of the chart reveals highly variable patterns of need for support across settings, categories and methods. A few patterns do emerge strongly at a glance. Others become evident upon closer examination of the data. These patterns, both the clear and the less distinct are illuminated further in Tables 2, 3, 4, 5 and 6. The influence of data collection methods, setting and category of need on these patterns is discussed in the paragraphs that follow. Other factors which may have contributed to these patterns of need for support are also suggested during the discussion.

Patterns from methods. In order to discover the nature of the three methods employed in the Support Needs Identification System and their influences on the data, the picture of needs revealed by each method was examined in each setting and the data from observation, questionnaire and interview were compared.

Children's Need Categories	Family Day Care Settings																	
	A			B			C			D			E			F		
Physical Needs	Observation	Questionnaire	Interview	Observation	Questionnaire	Interview	Observation	Questionnaire	Interview	Observation	Questionnaire	Interview	Observation	Questionnaire	Interview	Observation	Questionnaire	Interview
Children need environments that ensure their safety and provide opportunities for healthy physical growth. Environments that promote the physical well-being of children guarantee																		
1. attentive adult supervision during potentially hazardous activity																		
2. freedom from observable physical dangers																		
3. freedom from physical abuse																		
4. freedom from fear, anxiety and disorder which may affect physical health																		
5. daily exercise for large muscles both indoors and outdoors																		
6. activities for fine motor development																		
7. adequate rest and sleep																		
8. adequate heat, light, fresh air, nutritious foods, and liquid																		
9. hygenic facilities for eating, sleeping, toileting, and playing																		
10. appropriate assistance with cleanliness needs																		
11. appropriate medical attention																		

- requires support
- unlikely to require support
- insufficient data

Figure 1

The Picture of Needs in Six Family Day Care Settings

Figure 1 (continued)

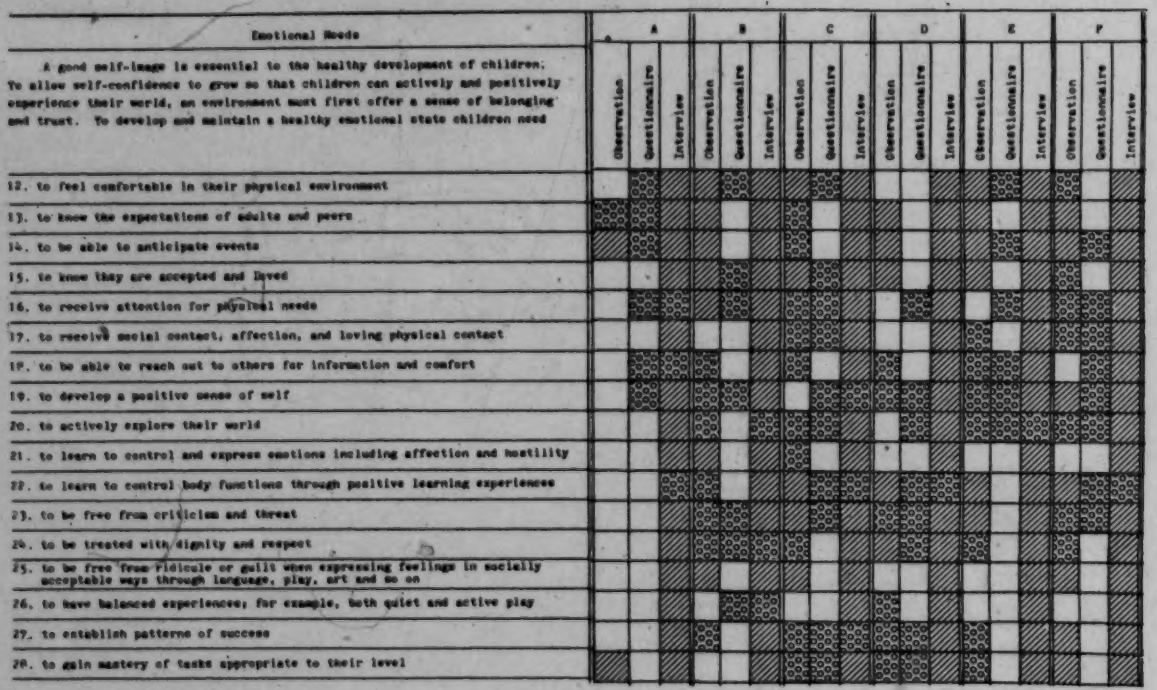
Emotional Needs
A good self-image is essential to the healthy development of children. To allow self-confidence to grow so that children can actively and positively experience their world, an environment must first offer a sense of belonging and trust. To develop and maintain a healthy emotional state children need
A
B
C
D
E
F
Observation
Questionnaire
Interview
12. to feel comfortable in their physical environment
13. to know the expectations of adults and peers
14. to be able to anticipate events
15. to know they are accepted and loved
16. to receive attention for physical needs
17. to receive social contact, affection, and loving physical contact
18. to be able to reach out to others for information and comfort
19. to develop a positive sense of self
20. to actively explore their world
21. to learn to control and express emotions including affection and hostility
22. to learn to control body functions through positive learning experiences
23. to be free from criticism and threat
24. to be treated with dignity and respect
25. to be free from ridicule or guilt when expressing feelings in socially acceptable ways through language, play, art and so on
26. to have balanced experiences; for example, both quiet and active play
27. to establish patterns of success
28. to gain mastery of tasks appropriate to their level

Figure 1 (continued)

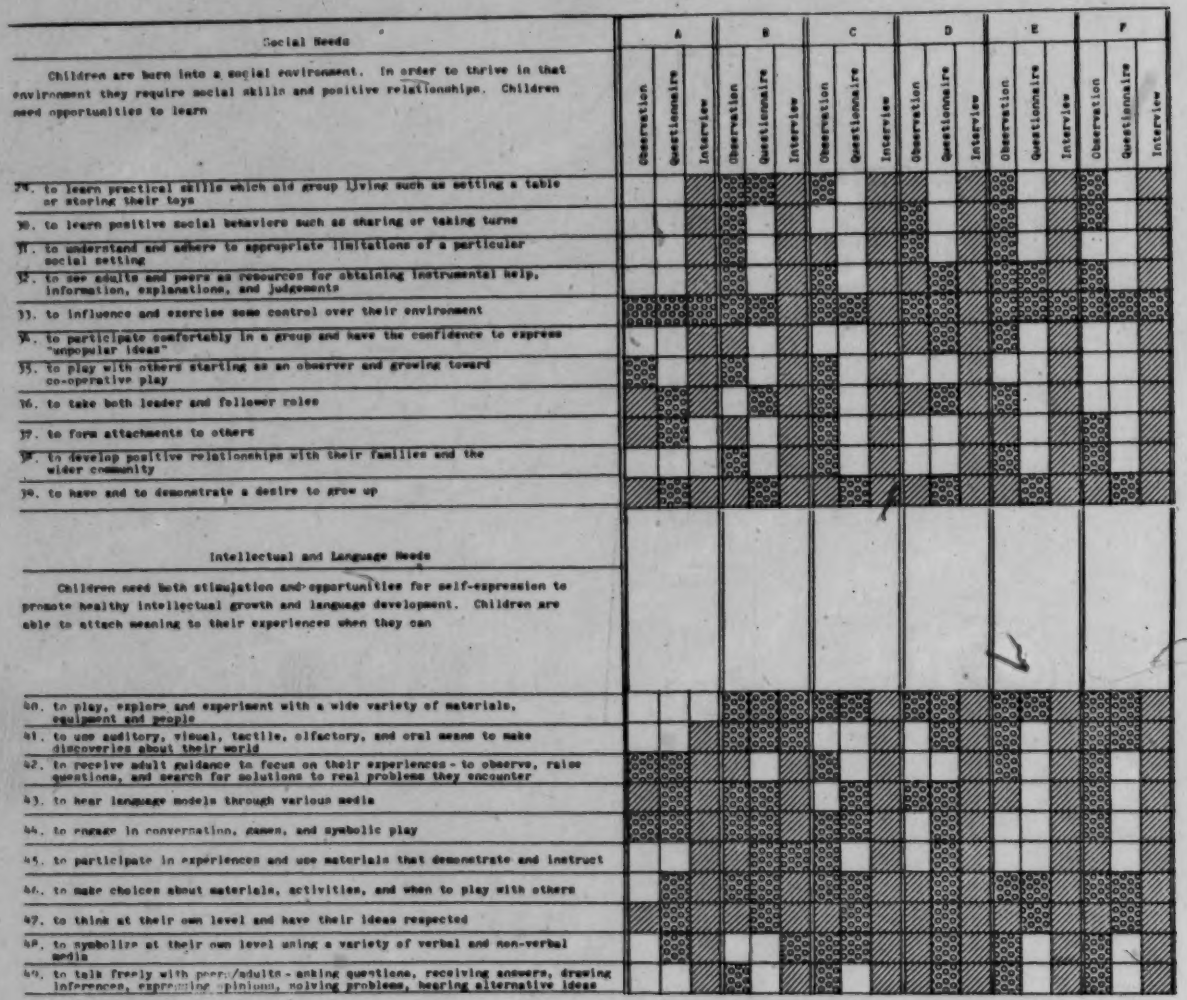
Social Needs
Children are born into a social environment. In order to thrive in that environment they require social skills and positive relationships. Children need opportunities to learn
29. to learn practical skills which aid group living such as setting a table or storing their toys
30. to learn positive social behaviors such as sharing or taking turns
31. to understand and adhere to appropriate limitations of a particular social setting
32. to see adults and peers as resources for obtaining instrumental help, information, explanations, and judgements
33. to influence and exercise some control over their environment
34. to participate comfortably in a group and have the confidence to express "unpopular ideas"
35. to play with others starting as an observer and growing toward co-operative play
36. to take both leader and follower roles
37. to form attachments to others
38. to develop positive relationships with their families and the wider community
39. to have and to demonstrate a desire to grow up
Intellectual and Language Needs
Children need both stimulation and opportunities for self-expression to promote healthy intellectual growth and language development. Children are able to attach meaning to their experiences when they can
40. to play, explore and experiment with a wide variety of materials, equipment and people
41. to use auditory, visual, tactile, olfactory, and oral means to make discoveries about their world
42. to receive adult guidance to focus on their experiences - to observe, raise questions, and search for solutions to real problems they encounter
43. to hear language models through various media
44. to engage in conversation, games, and symbolic play
45. to participate in experiences and use materials that demonstrate and instruct
46. to make choices about materials, activities, and when to play with others
47. to think at their own level and have their ideas respected
48. to symbolize at their own level using a variety of verbal and non-verbal media
49. to talk freely with peers/adults - asking questions, receiving answers, drawing inferences, expressing opinions, solving problems, hearing alternative ideas
A
B
C
D
E
F
Observation
Questionnaire
Interview

Figure 1 (continued)

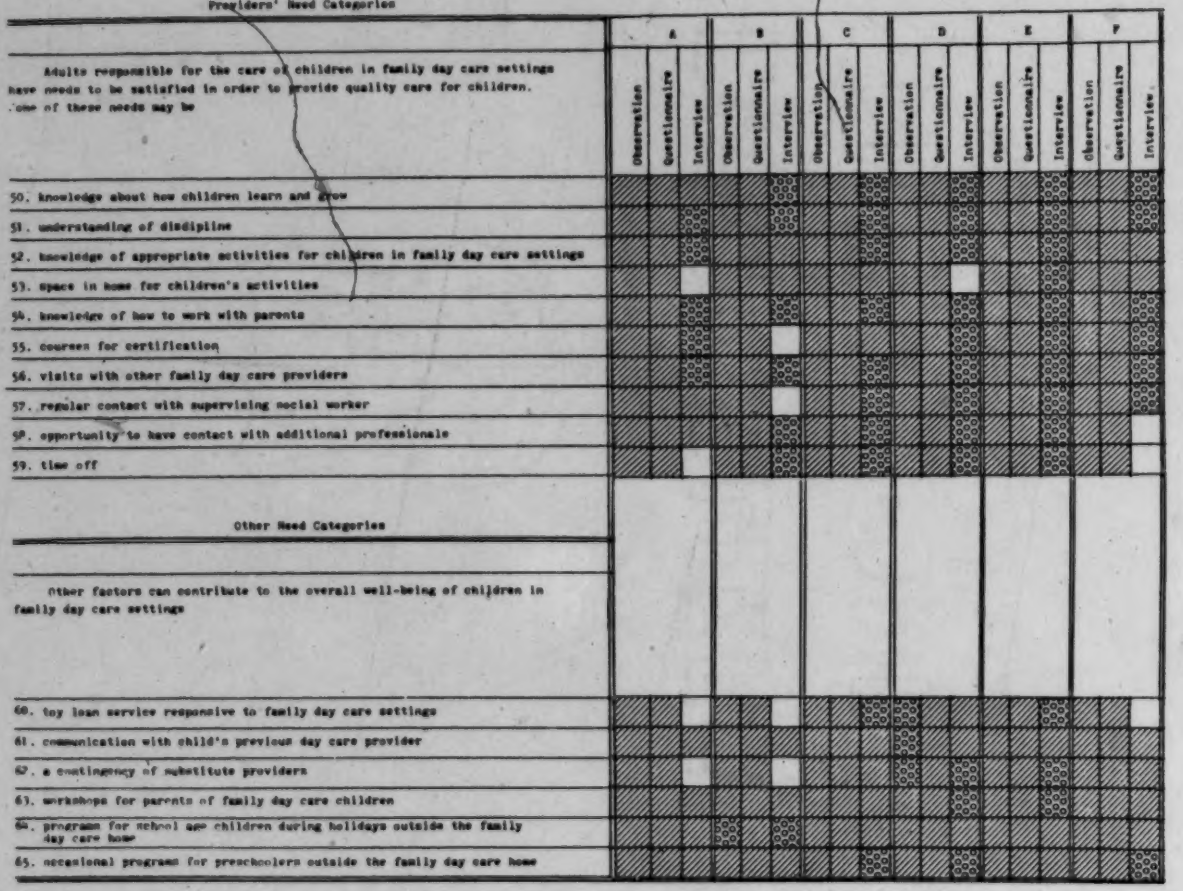
Providers' Need Categories
A
B
C
D
E
F
Observation
Questionnaire
Interview
Adults responsible for the care of children in family day care settings have needs to be satisfied in order to provide quality care for children. Some of these needs may be
50. knowledge about how children learn and grow
51. understanding of discipline
52. knowledge of appropriate activities for children in family day care settings
53. space in home for children's activities
54. knowledge of how to work with parents
55. courses for certification
56. visits with other family day care providers
57. regular contact with supervising social worker
58. opportunity to have contact with additional professionals
59. time off
Other Need Categories
Other factors can contribute to the overall well-being of children in family day care settings
60. toy loan service responsive to family day care settings
61. communication with child's previous day care provider
62. a contingency of substitute providers
63. workshops for parents of family day care children
64. programs for school age children during holidays outside the family day care home
65. occasional programs for preschoolers outside the family day care home

Table 2 summarizes from Figure 1 the number of categories marked "requires support", "unlikely to require support" or "insufficient data" by method and setting.

As shown in Table 2 observation data revealed the greatest number of categories (range 23 to 25) requiring support in 4 out of 6 settings. The questionnaire revealed the greatest number (20 and 26) in the other two settings. In 4 out of 6 settings the interview indicated the smallest number of categories (range 12 to 18) requiring support with observation and the questionnaire yielding the smallest number of categories (7, 13 respectively) needing support in the two remaining settings.

The highest number of categories (range 23 to 36) demonstrating "unlikely to require support" emerged from the questionnaire data in 5 out of the 6 settings. In the sixth setting, A, the questionnaire revealed 29 categories with an unlikely need for support. This number was well within the range (23 to 36) indicating "unlikely need" in the other settings, but observation data showed even more categories in setting A "unlikely to require support". The interview in all settings yielded the fewest number of categories (range 0 - 7) "unlikely to require support".

In all settings the interview most frequently produced insufficient data (in a range of 43 to 50 categories) to decide on level of need. The questionnaire showed the smallest frequency of categories marked insufficient data - consistently 16 per setting. Insufficient data from

Table 2

Summary of Support Needs by Setting and Method

Setting	Method			Totals
	Observation	Questionnaire	Interview	All Methods
No. of categories requiring support				
A	7	20	13	40
B	25	22	18	65
C	24	22	16	62
D	19	26	14	59
E	23	13	15	53
F	24	18	12	54
No. of categories unlikely to require support				
A	32	29	7	68
B	7	27	4	38
C	17	27	0	44
D	17	23	1	41
E	14	36	0	48
F	8	31	3	42
No. of categories marked insufficient data				
A	26	16	45	87
B	33	16	43	92
C	24	16	49	89
D	29	16	50	95
E	28	16	50	94
F	33	16	50	99

observation ranged from 24 categories to 33 categories across the six settings.

Across all settings observation and the questionnaire demonstrated an almost equal capacity to identify need for support with 122 categories identified from observation and 121 from the questionnaire. The interview identified 88 categories in total.

The questionnaire data pointed to almost twice as many categories (173) "unlikely to require support" as the observation data (95) and almost twenty times as many as the interview data (9).

The interviews produced the highest frequency of insufficient data for determining level of support need across all categories - 287 categories compared to 173 from observation and 96 from the questionnaire.

In summary the questionnaire contributed the greatest quantity of data to the picture of needs over six settings. This finding is not surprising because the children's need categories and questionnaire statements were both derived from the Statement of Children's Needs and were designed to include all the enumerated needs.

An examination of Table 3 confirms that the questionnaire provided data for 100 percent of the children's need categories in all settings. In contrast the questionnaire provided no data in "provider" and "other" needs in any of the six settings. Therefore a picture of needs presented by questionnaire data alone would be

Table 3

Comparison of Quantity of Data Collected by Three Methods on Children's Needs and Provider/Other Needs by Setting

Settings		A	B	C	D	E	F
				Interview			
Children's needs	No.	11	11	6	2	2	5
	%[a]	22	22	12	4	4	10
Provider/other needs	No.	9	11	10	14	13	10
	%[b]	56	69	63	88	81	63
				Questionnaire			
Children's needs	No.	49	49	49	49	49	49
	%[a]	100	100	100	100	100	100
Provider/other needs	No.	0	0	0	0	0	0
	%[b]	0	0	0	0	0	0
				Observation			
Children's needs	No.	39	31	41	33	37	32
	%[a]	80	63	84	67	76	65
Provider/other needs	No.	0	1	0	3	0	0
	%[b]	0	6	0	19	0	0

a percentage of children's needs (of a total 49 children's needs)

b percentage of provider/other needs (of a total 16 provider/other needs)

Note. Quantity of data refers only to indicators "requires support" or "unlikely to require support", not those marked "insufficient data".

completely biased toward children's needs omitting "provider" and "other" needs altogether.

Observation contributed data to the picture of children's need in the range of 63 to 84 percent of the categories over six settings, no data on "provider" and "other" needs for four of the settings, and only sparse data for these categories in the other two settings.

On the other hand the interview generated relatively more data for the "provider" and "other" need categories (range 56-88%) than the children's needs categories (range 4-22%).

Caution is advised in comparing percentage of children's need categories with "provider" and "other" need categories because each percentage point represents fewer categories for the 16 provider/other needs than for the 65 children's needs.

Table 4 illustrates that observation and questionnaire data most frequently indicated the same picture of needs whether including or excluding insufficient data pairs. Over the six settings observation and questionnaire results supported each other's conclusions about support requirements 55 percent of the time. Of these 213 agreeing pairs 92 were marked "insufficient data" (Table 4) and were in the provider/other categories (Figure 1). The questionnaire and interview data produced a concurrent picture of needs least frequently (for 15% of the categories). But a little more than half of these showed "insufficient data" to make

Table 4

Number of Categories with Matching Results from Two or Three Methods Across Settings

Methods	Level of Support Requirement	Setting						Totals	
		A	B	C	D	E	F	No.	%
Observation and Questionnaire	RS[a]	5	12	10	9	7	10	53	
	URS[b]	23	4	11	11	12	7	68	
	Sub-total	28	16	21	20	19	17	121	31[d]
	ID[c]	16	15	16	13	16	16	92	
	Total	44	31	37	33	35	33	213	55[d]
Questionnaire and Interview	RS	6	8	5	2	2	4	27	
	URS	2	0	0	0	0	0	2	
	Sub-total	18	8	5	2	2	4	29	7[d]
	ID	7	5	6	3	3	6	30	
	Total	15	13	11	5	5	10	59	15[d]
Interview and Observation	RS	1	6	1	2	2	3	15	
	URS	2	0	0	0	0	0	2	
	Sub-total	3	6	1	2	2	3	17	4[d]
	ID	15	21	12	15	15	20	98	
	Total	18	27	13	17	17	23	115	30[d]
Interview and/or Questionnaire and/or Observation	RS	10	17	14	11	7	11	70	
	URS	23	4	11	11	12	7	68	
	Sub-total	33	21	25	22	19	18	138	
	ID	24	31	23	30	28	31	167	
	Total	57	52	48	52	47	49	305	

a requires support b unlikely to require support
c insufficient data to decide on level of support
d percentage of 390 possible matching pairs

a decision about support requirement. The needs marked "insufficient data" were all in the provider/other categories (Figure 1). The interview and observation data agreed on support requirements in about 30 percent of the categories with 98 of 115 of the agreeing pairs marked "insufficient data". If only pairs showing "requires support" or "unlikely to require support" are considered the interview/observation combination of methods were least likely to support each other's conclusions with only 17 of the categories marked with the same level of need. In every case except setting E the highest number of agreeing pairs showing either need or no need for support occurred when data from all three methods were examined. In setting E the observation/questionnaire combination produced the same number of pairs as the three methods combined.

Patterns from settings. This part of the discussion will focus on differences in setting characteristics of the six family day care homes and the effects that particular settings had on the data gathering process. Any distinct differences in data gathering procedures between settings will be reported.

Table 2 shows that setting A had the smallest total number of indicators (40) showing "requires support" taking into account data from all three methods. Most of these were from the questionnaire. "Unlikely to require support" appeared 68 times in the picture of needs, more than in the other five settings which ranged from 38 to 48. "Insufficient

data" appeared 87 times compared to a range of 89 to 99 times in the other settings.

Setting A was the only home in the study in which observation was the method that revealed the fewest number of categories requiring support (Table 2). In addition it was the only setting where any category (in this case numbers 38 and 40) showed no need for support by all three data collection methods (Figure 1).

Indicators showing a need or no need for support were more frequently confirmed by two or three methods in setting A (for 33 categories) than in the other settings (range 18 to 25 categories) (Table 4).

As shown in Table 2 data for setting B indicated "requires support" with a higher frequency (65) than the other day care settings (range 40 to 62). "Unlikely to need support" appeared with the lowest frequency, 38, compared to a range of 41 to 68 in the other settings. Setting B had the most categories, 5, in which all three methods showed a need for support compared to a range of 1 to 3 categories for the other settings.

The interview of the provider in setting B lasted for two hours (diary notes), about twice as long as the five other interviews. During that time many of the questionnaire responses were discussed.

Setting C did not stand out at the extremes in any of the comparisons made among the settings. As in setting E the interview revealed no categories "unlikely to require

support" (Table 2). The researcher's diary notes revealed that the interview schedule was not used in this setting and that subsequently some possible provider/other needs were not mentioned by the interviewer.

The interview in setting D also showed few categories (1) "unlikely to require support". The interview was only half an hour in duration (researcher's diary notes). The younger children required the provider's attention. Therefore the discussion of the questionnaire was moved to the end of the interview schedule and was only briefly referred to (interview notes). The interview produced data for only 2 children's need categories (Table 3).

As was the case in setting A, the questionnaire indicated need for support more frequently than the other data collection methods. Observation was the most frequent indicator of need for support in the other four settings (Table 2).

Only in setting E was the questionnaire the least frequent indicator of categories "requiring support". Little time was spent on the questionnaire during the interview (interview notes). Like setting D the interview data produced need indicators for only 2 of the children's need categories. However data on 14 provider/other categories emerged from the interview in setting E, the highest frequency of data for provider/other needs in the six settings.

The highest frequency of "insufficient data" indicators

(99) occurred in setting F (Table 2). Level of need was least often supported by two or more methods in this setting. Data matched in 18 categories compared to a range of 19 to 33 in the other five settings (Table 4). Data on the questionnaire statements gathered during the interview was lost because of technical difficulties with the tape recorder.

Patterns from categories of need. One pattern stands out immediately with just a glance at the picture of needs shown in Figure 1. Most of the data on provider and other needs came from the interviews.

In no category did all three methods indicate a need for support across the six settings (Figure 1). Category 33 showed the strongest need for support across all settings. In three settings only, the interview yielded "insufficient data" to indicate need. Only the questionnaire produced data for category 39. Observation produced data only in setting C for category 10. Otherwise only the questionnaire revealed support requirements for category 10. Observation in setting D produced the only data for category 61.

Patterns for the broad categories of need are shown in Table 5. Intellectual and language needs in general had the highest percentage (39) of "requires support" labels. Provider/other categories had the lowest percentage (20). Physical needs rated the highest percentage (38) of "unlikely to require support" labels. Again provider/other needs had the lowest percentage (4) while the remaining

Table 5

Total Number of Indicators of Support Requirements
Across Broad Categories of Need
From All Methods

Broad Categories	Requires Support		Unlikely to require support		Insufficient data		Highest possible number of indicators
	No.	%	No.	%	No.	%	
Physical	52	26	75	38	71	36	198
Emotional	95	31	89	29	122	40	306
Social	56	28	65	33	77	39	198
Intellectual /language	70	39	42	23	68	38	180
Provider /other	58	20	12	4	218	76	288

categories ranged from 23 percent to 33 percent. Insufficient data to establish need occurred 76 percent of the time for provider/other needs and ranged from 36 percent to 40 percent among the other categories with physical needs labelled this way least frequently.

Table 6 shows the level of agreement among methods depending on the broad categories of need. The provider/other need categories produced agreement on support needs excluding insufficient data pairs only with the interview

Table 6

Percentage of Categories with Matching Results from Two or Three Methods Within Broad Categories of Need

Methods	Level of Support Requirements	Broad Need Categories				
		Physical[a]	Emotional[b]	Social[c]	Intellectual/language[d]	Provider/other[e]
Observation and Questionnaire	RS[f]	12	20	12	28	0
	URS[g]	32	22	24	15	0
	Sub-Total	44	41	36	43	0
	ID[h]	0	0	0	0	96
	Total	44	41	36	43	96
Questionnaire and Interview	RS	15	10	5	7	0
	URS	0	0	2	2	0
	Sub-Total	15	10	6	8	0
	ID	0	0	0	0	31
	Total	15	10	6	8	31
Interview and Observation	RS	8	4	5	3	2
	URS	0	0	2	2	0
	Sub-Total	8	4	6	5	2
	ID	24	27	21	20	29
	Total	32	31	27	25	31
Interview Questionnaire Observation	RS	8	3	5	3	0
	URS	0	0	2	2	0
	Sub-Total	8	3	6	5	0
	ID	0	0	0	0	29
	Total	8	3	6	5	29

[a]Highest possible no. of matches for physical categories = 66

[b]Highest possible no. of matches for emotional categories = 102

[c]Highest possible no. of matches for social categories = 66

[d]Highest possible no. of matches for intellectual/language categories = 60

[e]Highest possible no. of matches for provider/other categories = 96

[f]Requires support

[g]Unlikely to require support

[h]Insufficient data

and observation and then in only 2 percent of the categories. Insufficient data pairs on the other hand occurred at least 30 percent of the time for provider/other needs with every combination of methods and 96 percent when observation and questionnaire data were considered exclusively. The children's need categories produced insufficient data pairs in a narrow range of 20 to 27 percent of the time and only under the interview and observation combination. The percentage of matching results showing either requires or unlikely to require support for children's needs varied only minimally (less than 10 percentage points) from one broad developmental area to another. Physical need categories drew the biggest percentage of matching data from all combinations of methods. Emotional need categories produced the least agreement under the interview/observation methods and the combination of all three methods but the percentage of agreeing pairs only ranged 4 to 8 percent and 3 to 8 percent respectively. Social need categories had the least agreement with the other two combinations of methods.

The biggest difference in percentage of agreeing pairs occurred with the observation and questionnaire methods between all the children's need categories and the provider/other categories. Omitting insufficient data pairs the children's needs' category results matched from 36 to 44 percent of the time; the provider/other category data did not match at all. Considering again that the questionnaire was designed only to identify children's needs requiring

support these findings are not surprising; neither is the fact that provider/other needs attracted no agreeing pairs in any combination of methods which included the questionnaire.

Estimate of Validity

The results of four ratings of each of the six family day care settings are shown in Table 7. Two of the ratings are based on subjective criteria - the external ratings done by supervisors based on their knowledge of the settings and the ratings of the researcher based on familiarity with the settings gained during data collection but before the analysis of the data. The other two ratings are based solely on the data collected and analyzed through the Support Needs Identification System.

The two ratings from the system were established by setting two different criteria on which to base the ratings. This was done to find out how a change in criteria might affect ratings. System criteria X set the rating "needs much support" when 50 percent or more of the fifty-two need categories included for the purposes of estimating validity (see Chapter 3, p. 55) required support. "Requires some support" labelled settings in which 25 to 50 percent of the categories required support. "Requires little support" was the rating when 25 percent or fewer categories needed support. The 50 percent weighting was established because of a strong feeling that if needs in a setting were not being met more than 50 percent of the time that setting really did need

Table 7

Ratings of Settings for Estimating Validity

Settings	A	B	C	D	E	F
Supervisor	1	1	2	3	3	4
No. of categories requiring support (out of 52)	22	35	36	36	29	32
% requiring support	42	67	69	69	56	62
System Rating Criteria X_a	some	much	much	much	much	much
System Rating Criteria Y_b	some	much	much	much	some	some
External Rating	much	little	little	much	little	some
Researcher Rating	little	some	some	much	some	much

[a] Criteria X
0-25% categories require support - setting needs little support
25-50% categories require support - setting needs some support
50-100% categories require support - setting needs much support

[b] Criteria Y
0-33.3% categories require support - setting needs little support
33.3-66.6% categories require support - setting needs some support
66.6-100% categories require support - setting needs much support

"much support". System criteria Y established for comparison three ratings based on an equal division of the 52 possible categories requiring support, using "little support" to label settings with less than 33.3 percent of the categories requiring support, "some support" for those with more than 33.3 percent and less than 66.6 percent requiring support, and "much support" for settings with support requirements for more than 66.6 percent of the need categories.

Results of rating comparison. All four ratings were the same only for setting D. The two system ratings were the same in 4 out of 6 settings (A, B, C, D). They varied from much to some in settings E and F when criteria Y was used. The external rating matched criteria Y ratings in D and F. External ratings for settings B and C were at opposite ends of the scale compared to both system criteria X and Y. The system rated both settings in need of much support. The result was the same in setting E also when the criteria X and external ratings were compared. Researcher subjective ratings matched system ratings in the same setting as the external ratings had - setting D. Setting E, Y criteria rating and setting F, X criteria rating also matched the researcher subjective rating. The two sets of subjective ratings matched only in setting D. In both settings A and B the ratings by supervisor 1 do not match the system ratings using either criteria. This is also the case for setting C rated by supervisor 2 and one of the settings, E, rated by supervisor 3. Researcher subjective ratings matched neither of the system ratings

in three out of the six settings.

Summary of the results. Ratings of the settings varied depending on the rating criteria and the raters. Even when the rater was the same, ratings based on subjective impressions matched ratings based on a systematic collection, analysis and rating of data less than 50 percent of the time (see Table 8 for match proportions).

Over all the matching of ratings was sporadic - sometimes on, sometimes off. Such results are too indefinite to draw conclusions about the validity of the Support Needs Identification System. All that can be done is to speculate on why the ratings fluctuated. Possible explanations are offered in Chapter 5.

Table 8

Estimated Validity of the Support Needs Identification System by Proportion of Matching Ratings

Sources of ratings	Proportion matching
All sources	1/6
Criteria X/criteria Y	4/6
Criteria X/external	1/6
Criteria Y/external	2/6
Criteria X/researcher	2/6
Criteria Y/researcher	2/6
External/researcher	1/6

Discussion of the Methodology

Reactions of participants to data gathering. Self-consciousness of adults when an observer is in their home and curiosity of children about an adult stranger who seemingly talks to herself and carries about an intriguing black box were predictable reactions to the data gathering process. Similar experiences by others doing research in homes or using recording equipment to observe young children have been noted in previous studies (Thomas, 1978).

Therefore in order to preserve as much naturalness in the setting as possible and thus minimize bias in the data several strategies were planned prior to the study. These included two contacts with the providers before the observation schedule was initiated in which the non-evaluative nature of the study and the preservation of anonymity were stressed. The use of the recorder was demonstrated but not used during the initial visit to the homes. Questions about the observer's presence were to be answered honestly but detailed only enough to satisfy the questioners' present curiosity. The observer was to participate in the setting activities to an extent deemed necessary at the time to maintain naturalness.

However in no way was it possible to foresee all the reactions of the more than forty participants prior to the study. A number of these will be discussed here so the reader is aware of some of the possible biases in the data of the present study. In addition awareness of reactions in

this study may help future researchers in this area overcome these potential biases. Recommendations for "in home" observation will be given in Chapter 5.

Several of the providers seemed to be unsure of their role in the data gathering process. When invited by a child to join in a game the provider in setting B replied, "No, because I got company. I can't go play ball and let the lady stand here like that." (observation notes) The researcher's diary for that day noted that for about one quarter of the observation period the provider talked with the observer. In setting C when the observer arrived for the first observation session the provider asked, "Do you want me to do something?" (observation notes) Similarly in setting D the provider hesitantly commented, "I didn't have anything planned this morning." Upon the observer's departure the provider asked, "Was that okay?" (diary notes) Two queries in setting F illustrate uncertainty about the purpose and procedures for the study. The provider commented, "They're outside. Do you want them in?" and "I won't interfere if I just sit down and read?" (observation notes)

In contrast the observation and diary notes for settings A and E indicate no such uncertainty. Diary notes for setting A reveal that the provider was "quite confident in her role" and that she became "relaxed about the tape recorder quickly". A strong impression was recorded in the diary notes for setting E, "I felt she was aware of my

mission and didn't feel she had to entertain me or converse."

The reactions of the children varied widely but seemed closely tied to their age levels. No reactions to the data gathering were observed in children two years and under. Several of the three and four year olds were intensely interested in the recording equipment. Initial reactions ranged from "What's this thing?" (observation notes) to declarations such as, "I know how that works. You have to push down on the P.A. then talk into it" (observation notes) and "I have a real radio" (observation notes). Some of the preschoolers were very persistent in exploring the mechanics of the tape machine asking, "Could you take 'em (the tapes) out? How?" and "How do you get the sound out when you talk on it?" In one setting the first observation session had to be interrupted for twenty minutes to "try out" the machine in an attempt to satiate curiosity. Telling children this age about the machine before they started their own inquiry did not appear to satisfy curiosity. Most of the three and four year olds seemed to need to make their own sense out of the machine. The recording process was investigated by requests, such as "Talk in it", "Who are you talking to?", "How come no (child's name) talkin' on there?" and "Please tell it I can hop the lemon twist" (observation notes). Some of these children also wondered out loud about the observer's presence, "Are you going to babysit us?" and "Where do you work?" (observer notes). On the other hand

some of the four year olds showed little or no observable interest in the observer or her equipment. One child only glanced at the observer several times during the three to four hours she was in the home until he reacted to the mention of his name, looking "surprised" and demanding, "Hey, how did you know my name?" (observation notes) The reply, "Because I heard the other kids calling you (child's name)" closed the conversation. Only one other brief interchange took place with that child and that was initiated by the observer. The one six year old in the study asked, "Why you got that?" (Observer notes) When the observer replied, she'd be "watching" and "talking" the child responded in an incredulous tone, "All day?" (observer notes). The child returned to kneading some playdough when the observer explained she'd be there for a short time only (observer notes). From a seven year old came more inquiries like (Why the tape recorder?) and "What are you?" (observer notes)

The strongest visible reaction to the data gathering came from the nine to eleven year olds in the study. The observer's diary notes recorded, "I found it very difficult to step back and record. The older children were very curious. Even suspicious. They followed me around. (Child's name) especially expressed (that she didn't like to be watched) and she was very curious about what I was saying into the tape." The provider in this particular setting had commented during the information visit that

"she thought she shouldn't tell the kids about the study" (diary notes). The observer offered an approach, "I'm working ... I'm watching to find out what happens in family day care" (diary notes), but did not find out what the provider actually told the children.

Synthesizing diverse data. The variety of data generated during the study was a result of the decision to develop a multimethod approach to data collection. The main reason for this decision, previously reported in Chapter 3, was to increase the validity of the system to be developed for identifying support needs.

Problems in synthesizing the diverse data first arose when a format for presenting the picture of needs in the six day care settings had to be selected. This presentation of support needs had to meet the established criteria of a concise practical format for which an estimate of validity could be established. The reasons for rejecting a narrative form of synthesis for the three types of data - descriptive observation and interviews, and a checklist style questionnaire, are outlined in Chapter 3 (pp. 52 to 55). The difficulty of identifying patterns of need in detailed descriptions was the main objection to the narrative form. The alternative chart form that was developed (Figure 1) also presented variable and complex patterns of need but these patterns could be more easily recognized and traced when in this form.

The reader should be cautioned however that this chart

form of presentation is not being offered as a panacea to the synthesis of diverse data. A number of problems with this form of synthesis are acknowledged in regard to this study.

Firstly, because all data regardless of its original form is represented in this study by one of three symbols, ■ (requires support), □ (unlikely to require support), or ▨ (insufficient data), the chance exists that each symbol will be regarded with equal confidence. They should not be. One judgement may be based on a single response from the questionnaire, another from three or four responses.

Secondly, there are varying levels of confidence associated with each of the three data collection methods. The level of confidence may be tied to biases of the reader toward certain methodologies. For the present study observations were done by the researcher - a person external to the family day care system but nevertheless one who had a vested interest in the outcomes. Observation was focused on what participants in the setting were doing and saying. The questionnaire on the other hand was requesting opinions - focusing on beliefs. The interview in a less structured manner was also seeking opinion in addition to information on provider actions via self-report.

Methods to overcome the problem of varying quantities and qualities of data were considered; such as, assigning degrees of need based on the amount and type of data. This multi-level labelling system was rejected because it implied

a greater sophistication in synthesizing techniques than existed for the study. The possibility of unjustly considering ratings from different data sources as equals remained. For example, the statement, "Yes, I think that would be great!" (interview notes) in response to "Would you be interested in a workshop on activities for kids?" could be labelled "strongly requires support" on the strength of the adjective "great". But is the adjective "great" equal to three, four or five questionnaire responses, or ten, eleven or twelve observed incidents which may also have prompted the label "strongly requires support"? The only approach which seemed to accept the limitations of synthesizing the data in a graphic form was the approach taken. The data were judged to indicate simply "requires support", "unlikely to require support" or "insufficient data" with no levels of degree of need.

A third difficulty with synthesizing narrative data into one of three responses is the loss of informative details and consequently a loss in the potential of the data to contribute to improvements in the settings. Category 60 for example - "a toy loan service responsive to family day care settings" (Figure 1) was marked "unlikely need for support" in settings A, B and F from the interview data, "need for support" in settings C and E from the interview and setting D from observation, and insufficient data from other sources and settings. With this information only, the reader may well ask, "Does this mean that settings A, B and

F are satisfied with the level of service from the present toy loan or does it mean they believe such a service is unnecessary?" "In settings C and E did the providers express a need for a loan when interviewed or was the emphasis on the lack of responsiveness of the present service?" Finally observations in setting D indicated a need for support in this category. Did the observer see a need for toys or a problem with the loan service? With a descriptive approach details related to these questions may have suggested appropriate solutions to any problems. An example of details from an interview in one of six settings follows:

> Interviewer: Do you think the toy loan is a useful way to supplement the materials you already have in the house?
>
> Provider: Oh, I think so, or even just for a change for the kids. Because, like this toy truck I had for a while. Mind you, the timing ...
>
> They played with them for the first week and then they were to pick them up the next time and they didn't ... (After the summer) I phoned to see if I could get it and ... she told me that she felt that I didn't really need it.

It is evident from the problems briefly discussed that synthesis of data is a compromise - a balancing of strengths and weaknesses in methods for analyzing and presenting data. Using a narrative approach to synthesis would have meant a loss of anonymity for participants perhaps influencing

behavior. The data would have been cumbersome making comparison across settings and methods more difficult but it would also have been rich in detail. The chart format that was chosen allows for a cursory examination of needs and simplifies comparison. However important details which could broaden understanding of problem areas and suggest solutions are masked in one of three symbols. More will be said about the use and presentation of data from the Support Needs Identification System in Chapter 5.

Chapter 5

Summary and Conclusions

Summary

The purpose of this study was to establish a method for identifying needs that require support in family day care settings as a step toward providing quality care. The necessity of support systems in order to achieve quality care has been stressed in a number of studies. The importance of focusing on particular children in particular settings when trying to effectively intervene in the child's environment to enhance learning and development has also been substantiated by research. Finding a means for identifying factors that require support in specific situations when little research has been done in the area is a complex and real problem. However its significance to the well-being of many thousands of children seemed to warrant an attempt at a practical solution.

A multimethod instrument was developed to increase the chance of validly identifying support requirements. This "Support Needs Identification System" was then applied in a number of family day care settings supervised by municipal day care personnel in order to try out procedures and check its validity. Data on support needs collected in six settings via observation, questionnaire, and interview were analyzed, then synthesized into a concise chart form to enhance its usefulness in the field. This final form of the

data presented a picture of support needs for the six family day care settings. This picture is illustrated in Chapter 4, Figure 1.

The picture of needs in each setting drawn from the application of the Support Needs Identification System was compared with the picture produced by a rating submitted by the immediate supervisor for the setting as well as subjective ratings by the researcher. This comparison provided an estimate of the concurrent validity of the instrument developed through the study. The validity results were also reported in Chapter 4, Table 7.

The remainder of Chapter 5 presents conclusions from the results presented in Chapter 4 - a discussion of the findings, implications of the present study, recommendations for further research and researcher impressions.

Conclusions

Discussion of the findings. The following research questions were posed at the beginning of this study:

1. What standard for quality care is acceptable for the purpose of this study?
2. What research method or methods are appropriate for identifying factors that require support in family day care settings?
3. What is the nature of the system?
4. When the system is applied does it reveal factors that require support in order to provide quality care for children in those family day care homes?

5. What is the estimated validity of the system?

The first two questions were discussed in Chapters 3 and 4. A standard for quality care was arbitrarily set after research and consideration. The standard for quality care was recorded in Chapter 3 as care that meets the needs of the children.

Observation, interview and questionnaire were found to be techniques that had been used successfully in previous family day care studies and were adapted for the present study. The use of observation in the present study is discussed in Chapter 4. Further comments on the effects of the methodology are made in the discussion that follows on the nature of the system.

The remaining questions are discussed in view of the results of the analysis presented in Chapter 4. The first to be discussed is: (3) What is the nature of the system? The system was based on a statement of children's needs. Data on support needs of day care homes were collected by observation, questionnaire and interview. The reasons for using three methods in the Support Needs Identification System were to obtain as broad a picture of support needs as possible and to increase the confidence that could be placed in the results.

The system did reveal a wide spectrum of needs requiring support including children's need in all four major areas of development, needs of family day care provider for education and services, as well as other needs

including the need for materials and supplementary group programs for school age children during vacation periods.

However these needs were not revealed to an equal degree by all three methods. The questionnaire, for example, contributed the greatest quantity of data to the picture of needs over six settings, but 100 percent of the data was on children's needs. The questionnaire contributed no data to provider or other needs. This result is not surprising in light of the fact that the questionnaire was developed directly from the Statement of Children's Needs. Most of the data on provider and other needs came from the interviews.

Methods also had varying degrees of effectiveness across settings. Although observation and the questionnaire demonstrated an almost equal capacity to identify need for support over all settings, observation yielded the highest number of categories requiring support in four of the six settings, the questionnaire yielding the highest number in the other two settings. In four out of six settings the interview indicated the smallest number of categories requiring support. The interview also produced insufficient data for making a decision on support needs most frequently. This result was not unexpected since the interview schedule had no direct questions on children's needs, which made up a majority of the need categories.

The high percentage of insufficient data made it difficult to judge the effectiveness of using three methods

to increase the level of confidence that could be placed in the data. The different emphasis of two methods from the outset - the questionnaire focusing on children's needs, the interview on provider and other needs, also reduced the possibility of concurrent results. Observation and the questionnaire most frequently indicated the same picture of needs whether or not the insufficient data pairs were included. Not surprisingly the questionnaire and interview data produced a concurrent picture of needs least frequently when insufficient data indicators were included. But when insufficient data pairs were excluded the interview/observation combination was least likely to support each other/s conclusions. Agreement among methods was dependent to some extent on the broad categories - children's needs or provider/other needs. Only the interview/observation combination produced supporting pairs at all for provider/other categories, outside of insufficient data pairs. There were more agreeing pairs among the children's needs categories but their number varied only slightly from one developmental area to another using any combination of methods. There was more agreement for physical need categories from all combinations.

In summary, a broader picture of support needs was obtained by using more than one method. If the interview schedule only had been used little data on children's need would have been obtained. If observation and/or the questionnaire had been used exclusively little or no data

would have been gathered on provider/other needs in the six settings. Although agreement on support requirements among methods was limited some results were backed up by two or more data sources. Agreement from different sources increased the confidence with which these results could be considered compared to results from one source only. The highest amount of agreement was obtained when the findings of all three methods were taken into account.

There are two possible explanations for lack of agreement among methods. Data from one or more methods may be faulty or the data may be revealing different aspects of need, thus providing a richer picture of support requirements.

Research question (4) was concerned with the Support Needs Identification System's ability to identify factors that require support in order to provide quality care. The system developed through the study revealed a complex and variable picture of support needs in six family day care settings. Few patterns emerged clearly and decisively.

Only one need category stood out as strongly requiring support across all settings. That was the child's social need "to influence and exercise some control over their environment" (category 39, Figure 1). When the total number of physical, social, emotional and intellectual/ language need categories for all settings were compared they showed only small differences in support requirements. Intellectual/language categories required the most support, physical categories the least support. The provider/other

needs appeared to require support least of all but the high percentage (76) of insufficient data for this broad category of needs and the low indication (4 percent) of categories unlikely to require support puts any such conclusion in question.

Although no patterns of support requirements were immediately obvious among settings some differences did occur when total support requirements were tallied (Table 7). These totals indicated that setting A required the least amount of support of the six settings and that settings C and D required the most support with B close behind.

Question (5) focused on the estimated validity of the Support Needs Identification System. The results of the validity estimate were so indefinite no conclusions on the validity of the system were possible. Subsequently it was impossible to state exactly what accounted for the variable picture of needs among the day care settings, and the different effects of the three methods in the various settings. Was the system in some way biased toward setting A which showed the least need for support? Was the high frequency of insufficient data in setting F due to characteristics of the setting or characteristics of the system for identifying support needs?

The inconclusive validity results make it impossible to pose answers for research questions 2, 3 and 4 with any degree of confidence. The following statements offer possible explanations of the fluctuating validity results:

1. Observer bias influenced the picture of needs. The observer may have been affected by previous data.
2. Supervisors' criteria for rating were unknown. Maybe they had a different concept of "quality care" or "needs of children" than the concepts defined in the system.
3. Criteria of supervisors could have varied from one setting to another and one supervisor to another.
4. Maybe the job experience of supervisors or their familiarity with the settings they rated varied.
5. Variability in settings may have contributed to variations in ratings. Perhaps the systems works in some settings but not in others.
6. Subjective ratings may be highly influenced by the personality match of provider and rater; whereas, the system focuses on more than that.
7. The "true" picture may have been lost through bias introduced when data were transferred through several forms.
8. The picture of needs drawn by the system may have been highly influenced by insufficient data.
9. The external agents were asked for settings that varied in ability to meet the needs of the children in care. Then they had to make a forced choice of three ratings, not assigning both settings the same ratings. Perhaps the settings they had to choose from did not vary as much as the rating implies.

10. Maybe the system does not reveal which needs require support in order to provide quality care for children in the setting.

Implications of the present study. The results of this study have the following implications for persons interested in quality care for children in family day care homes:

1. The system developed through this study should not be used to identify support needs in family day care homes before further work on the validity of this instrument is carried out.
2. The system was not developed to judge the "goodness" or "badness" of a setting and should not be adapted for that purpose. The original purpose was to identify areas needing support so that positive changes could be made. Results from the system were not intended as a rubber stamp for one setting or another.
3. Different methods provided varying data across different settings and different categories of need. Such variability puts in doubt single method approaches to investigating support requirements to satisfy children's needs.
4. The issue of quality care for children is not straightforward. Whether the focus is on the environment, the provider, or the children, establishing the validity of instruments to help ensure quality care in the day care setting is a difficult task. Much more research needs to be carried out.

Recommendations for further research. During the course of this study a fairly comprehensive list of children's needs was compiled. A questionnaire on providers' attitudes toward children's needs was generated. A method for synthesizing diverse data was tried and its weaknesses and strengths were discussed. A definition for quality care was selected and used as a basis for identifying support needs. The specimen record technique for observation was used fairly successfully in the home-like setting.

In light of these results, the following recommendations are offered to researchers interested in investigating family day care or the issue of quality care.

1. Further investigation of the validity of the instruments used in this study may be helpful to developing a useable system for identifying support needs in family day care settings.
2. A narrative approach to the synthesis of data collected by the instruments of the Support Needs Identification System could be tried. A smaller number of settings would make this task feasible.
3. An investigation into the various meanings of quality care and their implications for practice could be useful.
4. When planning to observe children over seven years of age their consent as well as the consent of their parents should be obtained.
5. When observing in an intimate setting such as a home the "roles" of the participants should be well understood before the study begins.

Researcher impressions. I cannot recommend the use of the system for identifying support needs developed in this study without the cautions advised in the section "Implications of the present study", because of the indefinite results of the validity estimate; however, I am submitting several subjective impressions I gained as observer, interviewer, and researcher for this study.

Having rated the settings myself at a subjective level before data analysis I was surprised at some of the ratings derived from the system. I began to question some of my original ratings. I wondered if I had been influenced unduly by the personalities of the providers. After all in my first visit to the homes I had rarely seen the children, most of whom were napping then or at school. Just what had I based my ratings on? Certainly my subjective criteria had not been the same as the supervisors' criteria in five out of the six settings. What had they based their ratings on?

After analyzing the data I felt I had a much "truer" picture of what was happening with the children in the setting. Deliberate observation especially brought details to the fore which went unnoticed at the "feeling" level of awareness that determined my subjective rating. A systematic approach to decision making I feel would have a better chance of "getting at the truth" in family day care settings.

Chances of finding solutions to specific problems in particular settings would be increased I feel by presenting data in a narrative form rather than the chart form employed

in this study. The chart form, even if it were estimated to be valid, only indicates there is a problem. It does not pinpoint the source, nature or seriousness of the situation. The "pattern of need satisfaction descriptions" I wrote while searching for a means to present data could supply needed details for problem solving. The best use of the questionnaire may be for discussion during the interview.

Finally, there can be no one "right way" of identifying support needs or ensuring quality care. Even the "best" system will be limited by our understanding, our values, and the complexity of the issue.

References

Alberta Education. Final report of the Early Childhood Services task force on teacher competence. Edmonton, Alberta: Planning and Research, Alberta Education, 1976.

Allen, R. B. Family day care as observed in licensed homes in Montgomery County, Maryland. 1971. (ERIC Document Reproduction Service No. ED 071 756.)

Brandt, R. Studying behavior in natural settings. New York: Holt, Rinehart and Winston, Inc., 1972.

Brostrom, M. A. Developing quality for family day care. In S. Auerbach (Ed.), Creative centers and homes (Vol. 3). New York: Human Sciences Press, 1978.

Butler, A. J. The child's right to quality day care. Childhood Education, November, 1970, 59.

Caldwell, B. M. Infant day care: Fads, facts, and fancies. In S. Auerbach (Ed.), Creative centers and homes (Vol. 3). New York: Human Sciences Press, 1978.

Child Development Associate Consortium. Family day care competencies explored. Dateline C.D.A.C., June, 1978, IV (3), 1.

Cohen, D. J., and Brandegu, A. S. Day care: Serving pre-school children. Office of Child Development. (Monograph No. 3, U.S. Department of Health, Education and Welfare Publication No. (OHD) 76-31057). Washington, D.C.: U.S. Government Printing Office, 1975.

Colbert, Janice C. Educational services for home day caregivers. Final report. (Report No.: RU-TR-12). Office of Education (DHEW). Washington, D.C., 1976. (ERIC Document Reproduction Services No. ED 134 341.)

Collins, A. H., and Watson, E. L. Family day care: A practical guide for parents, caregivers, and professionals. Boston: Beacon Press, 1976.

Dokecki, P. R. The training of family day care workers: A feasibility study and initial pilot efforts. Final report. January, 1971. (ERIC Document Reproduction Service No. ED 071 756.)

Keyserling, M. D. Windows on day care: A report on the findings of members of The National Council of Jewish Women. New York: National Council of Jewish Women, 1972.

Mayall, B., and Petrie, P. Minder, mother and child. London: University of London Institute of Education, 1977.

National Day Care Information Centre. Status of day care in Canada. Ottawa: Department of National Health and Welfare, 1978.

Neubauer, P. B. (Ed.). Early child day care. New York: Jason Aronson, Inc., 1974.

Parker, R. K. (Project Director). Day care 1: A statement of principles. Washington, D.C.: Office of Child Development. DHEW Publication No. (OCD) 73-2, 1970.

Prescott, E. Group and family day care: A comparative assessment. February, 1972. (ERIC Document Reproduction Service No. ED 060 945.)

Prescott, E. Who thrives in group day care? Pasadena, Calif.: Pacific Oaks College, 1973.

Rauch, M. D., and Crowell, D. C. Toward high quality family day care for infants and toddlers. Final report. Washington, D.C.: Office of Child Development, 1974. (ERIC Document Reproduction Services No. ED 110 183.)

Ross, K. G. Good day care: Fighting for it, getting it, keeping it. Toronto: The Women's Press, 1978.

Sale, J. S., and Torres, Y. L. I'm not just a baby sitter: A descriptive report of the community family day care project. Pasadena: Pacific Oaks College, 1971. (ERIC Document Reproduction Services No. ED 056 758.)

Sale, J. S. Family day care: An alternative. In S. Auerbach(Ed.), Creative centers and homes (Vol. 3). New York: Human Sciences Press, 1978.

Sherwood, F. Family day care experiences and children's intellectual competence. Unpublished Master's Thesis, University of Alberta, Edmonton, 1976.

Thomas, L. One child's day. Unpublished Master's Thesis, University of Alberta, Edmonton, 1976.

Trisdorfer, A., et al. Family day care mothers: What "they" want in training programs. (date unavailable). (ERIC Document Reproduction Services No. ED 013 371.)

Valenstein, T. At home with children. Urbana, Ill.: ERIC Clearinghouse on Early Childhood Education, 1975.

Van Dalen, D. B. Understanding educational research: An introduction. Toronto: McGraw-Hill Book Co., 1962.

White, B. L. Experience and environment: Major influences on the development of the young child. (Vol. 2). Englewood Cliffs, N.J.: Prentice-Hall, 1978.

Yarrow, M. R. Problems of methods in parent-child research. Child Development, 1963, 34, 215-226.

Appendix A

Statement of Children's Needs

Knowledge of children's needs is generally accepted by professionals and others as a useful starting point for understanding and promoting the healthy growth of children. General requirements for healthy growth are stated throughout the literature on child development and learning. In addition they are frequently reiterated in policy statements for children's programming.

Any enumeration of needs is necessarily culture-bound. As well, needs are interactive as demonstrated by the affects of emotional feelings on cognitive performance or a child's ability to relate to others. For these and other reasons, no exact agreement on categories of needs or specific needs is present in the literature. The following "statement of needs", then, is a synthesis of general needs stated in the literature which are relevant to children in family day care settings.

Physical Needs

Children need environments that ensure their safety and provide opportunities for healthy physical growth. Environments that promote the physical well-being of children guarantee:

- attentive adult supervision during potentially hazardous activity
- freedom from observable physical dangers
- freedom from physical abuse
- freedom from fear, anxiety and disorder which may affect physical health
- daily exercise for large muscles both indoors and outdoors
- activities for fine motor development
- adequate rest and sleep
- adequate heat, light, fresh air, nutritious foods, and liquids
- hygenic facilities for eating, sleeping and toileting
- appropriate assistance with cleanliness needs
- appropriate medical attention

Intellectual and Language Needs

Children need both stimulation and opportunities for self-expression to promote healthy intellectual growth and language development. Children are able to attach meaning to their experiences when they can

- play, explore and experiment with a wide variety of materials, equipment and people
- use auditory, visual, tactile, olfactory, and oral means to make discoveries about their world
- receive adult guidance to focus on their experiences--to observe, raise questions, and search for solutions to real problems they encounter
- hear language models through various media
- engage in conversation, games, and symbolic play
- participate in experiences and use materials that demonstrate and instruct
- make choices about materials, activities, and when to play with others
- think at their own level and have their ideas respected
- symbolize at their own level using a variety of verbal and non-verbal media
- talk freely with peers and adults--asking questions, receiving answers, drawing inferences, expressing opinions, solving problems, and hearing alternative ideas

Emotional Needs

A good self-image is essential to the healthy development of children. To allow self-confidence to grow so that children can actively and positively experience their world, an environment must first offer a sense of belonging and trust. To develop and maintain a healthy emotional state children need:

- to be familiar with their physical environment
- to know the expectations of adults and peers
- to be able to anticipate events
- to know they are accepted and loved
- to receive attention for physical needs
- to receive social contact, affection, and loving physical contact
- to be able to reach out to others for information and comfort
- to have a sense of self as a separate individual
- to actively explore their world
- to be able to control and express emotions including affection and hostility
- to gain control over body functions
- to be free from criticism and threat
- to be free from ridicule or guilt when expressing feelings in socially acceptable ways through language, play, art and so on
- to establish patterns of success
- to gain mastery of tasks appropriate to their level

- to be treated with dignity and respect
- to have balanced experiences; for example, both quiet and active play

Social Needs

Children are born into a social environment. In order to thrive in that environment they require social skills and positive relationships. Children need opportunities to learn:

- practical skills which aid group living such as setting a table or storing their toys
- positive social behaviors such as sharing or taking turns
- to understand and adhere to the limitations of a particular social setting
- to see adults and peers as resources
- to influence and control their environment
- to think and act for themselves while functioning as part of a group
- to play beside or with others
- to take a leader or follower role
- to form attachments to others
- to develop positive relationships with their families and the wider community
- to have and demonstrate a desire to grow up

Appendix B

CHILDREN'S NEEDS QUESTIONNAIRE

Instructions

This questionnaire consists of 108 statements designed to obtain opinions about children's needs. There are no right or wrong answers. What is wanted are your own individual feelings about the statements. Read each statement and decide how YOU feel about it. Then check (✓) the column which comes closest to your view.

STATEMENTS	Strongly Agree	Agree	Undecided or Uncertain	Disagree	Strongly Disagree
1. Adults should be consistent and firm when teaching children limits for behavior.	A B C D F	E			
2. Criticism and threats do not aid the healthy growth of children.		A C DEF		B	
3. TV shows such as Sesame Street and Mr. Dress-up can be valuable learning experiences for young children.	A C F	D	B D		
4. Children should be comforted when frightened, hurt, or anxious.	A B C D F	E			
5. A playpen is the best place for an infant when not being fed or sleeping.		E	F	D C	A B
6. When a child is being toilet-trained wet or soiled clothing should be changed by an adult without scolding or punishing the child.	B	A E	D C	F	
7. When being toilet-trained children should be gently encouraged and praised for their efforts.	A B C D F	E			
8. Children should be encouraged to make their own decisions; for example, what to do with a set of blocks.	B D F	A C E			
9. It is okay to deny children food when they've had their share.	C	D	A B	E	F
10. Pretend play by children should be encouraged.		A C E F	B D		
11. Children's clothing and toys should generally be stored in the same place each day.	D	A C E	B		
12. An adult should be present when young children are using a climber.	A D F	B C E			
13. Children can be oversupervised.	B C	ADE		F	
14. It is a good sign when children show pride in something they have done or made.	A B C D F	E			
15. It is a healthy sign when children talk proudly about their families and their neighborhoods.	A B C F	D E			

	Strongly Agree	Agree	Undecided or Uncertain	Disagree	Strongly Disagree
16. Children should be encouraged to talk about what they think and how they feel.	A B C E F	D			
17. Infants should never be spoken to harshly, handled roughly, or ignored when being fed, bathed, or diapered.	A	B D E	C F		
18. It is not practical to take children on outings to a park or store.				E C	A B D F
19. Children should not be ridiculed or made fun of.	A B F	C D E			
20. Children's powers of concentration are strengthened when adults show an interest in their activity and offer encouragement.	B C F	A D E			
21. When awake infants should spend most of their time out of their cribs.	B F	A D E	C		
22. Toys and equipment should be stored so that children can use them without adult permission or assistance.	A D	B C E F			
23. Although adults cannot accept all the behavior of children, the children themselves should never be denied love and respect.	A B C D F	E			
24. Children who disobey should be spanked.			C D	A E	B F
25. Clean, comfortable areas are essential where children are eating, sleeping and toileting.	B C D F	A E			
26. Both quiet play and active play should be encouraged for all children every day.	C D F	A E			B
27. Children should play fairly quietly when indoors.		C D E F	B	A	
28. In homes with young children stairwells should have child-proof gates.	B C D	A E F			
29. When children try something new adults should encourage their efforts by smiling, hugging or praising them enthusiastically.	B C D F	A E			
30. When children appear bored adults should help them find things to do.	C	B D E F		A	
31. When infants are being diapered or fed they should be talked to.	C D	A B E F			
32. It is important to encourage children to do what they can do on their own.	A B C D F	E			

	Strongly Agree	Agree	Undecided or Uncertain	Disagree	Strongly Disagree
33. Each infant should be held, talked to, hugged, and smiled at frequently throughout the day.	A B D F	E C			
34. Children should not be discouraged from giving directions to other children.		C E F	A	B D	
35. It is important for children that their families are welcome in the child's day care setting.	A C D F	B E			
36. Adults should keep the house tidy while children are around.		C F		A B D E	
37. Adults should encourage infants to be active at times throughout the day.	D	CEF		A B	
38. Children should become willing and able to follow the suggestions of other children at times.	C	A D E F	B		
39. Pre-school children should be instructed in tasks such as setting the table and preparing paints for themselves.	C F	A B D E			
40. Infants should not be left to cry for long periods of time without being attended to.	B D F	A C E			
41. Infants and toddlers need close supervision near open stairwells.	A B C D F	E			
42. Children need to learn to play with others.	A B C D F	E			
43. Children should be shown how to turn the radio and TV off and on by themselves.			B C	A D E F	
44. It is important to have educational toys available for children.	B C D	A E F			
45. It is good for children to show love and affection toward caregivers who are not their parents.	C	A D E F	B		
46. It is okay for children to express competitive pride in finishing first.		A B E F	C	D	
47. In homes with children medicines should be in locked cabinets.	A B D F	C E			
48. Children can benefit from adult guidance when trying to solve problems they encounter.	A B C D F	E			
49. Children should be allowed to run, jump and climb in the house.				A C D E	B F
50. It is beneficial for children to be involved in cooking and baking activities.	F	A C D E		B	

	Strongly Agree	Agree	Undecided or Uncertain	Disagree	Strongly Disagree
51. Children need toy cars, dolls, toy people and toy animals to play with.	F	B E	C D	A	
52. Infants should be given small toys and household objects to look at, handle, smell and taste.	B C D	A E	F		
53. It is enough to have infants out of their cribs for feeding, bathing and diapering only.				A C D E	B F
54. Infants and toddlers should be encouraged to explore about the house and to investigate household objects.	F	A B D	C E		
55. Close supervision of children is necessary when stove elements are on.	B C D F	E			A
56. Children should not be forced to play with others when they prefer to play alone.	F	A B C E		D	
57. Children should be allowed to move freely about the house.	F	ABC D E			
58. Children need books that they can handle on their own.	B F	A C D E			
59. It is important for adults to say no to children at times.	B F	A C D E			
60. It is okay for children to express all kinds of feelings by talking them out, by acting them out or by using art materials.	B D F	A C E			
61. Children's artwork should never be criticized.	C D F	A B E			
62. Children need to feel they've been successful at most tasks tried in a day.	B C D F	A E			
63. An adult should be present when young children are near a busy street.	A B C D F	E			
64. Every child needs to be treated gently, patted, hugged, and smiled at each day.	A B C D F	E			
65. Some of a child's activities should be planned by adults.	C	A B DEF			
66. Standing near an adult, touching an adult or showing something to an adult are all acceptable ways for children to gain the attention of adults. Therefore such behaviors should be greeted with enthusiasm.	C F	A B	E	D	
67. When children ask questions adults should answer them.	A B C F	D E			
68. Each child needs to feel like an important member of the group.	A B C F	D E			

	Strongly Agree	Agree	Undecided or Uncertain	Disagree	Strongly Disagree
69. It is difficult to plan nutritious meals so that all the children enjoy eating.	A F	B D	C	E	
70. It is a good sign when children express disagreement with an adult at times.		ABC DEF			
71. Children should be encouraged to make music using household and outdoor objects.	C	A D E F	B		
72. All young children need to nap at least two hours each day.				A B C E F	D
73. Children should be encouraged to solve problems on their own and their solutions should be respected.		ABC DEF			
74. Children should appear happy or contented most of the time.		ABC DEF			
75. It is better to show children how to draw a house than have them draw one on their own and make mistakes.				C D E	A B F
76. Children are better cared for when parents and other caregivers regularly share information about the children's present habits, health problems, and recent accomplishments.	D F	B C E		A	
77. Playing in sand and water are excellent activities for young children.	C	ABD E F			
78. Toddlers should be offered paper and crayons.	C F	A B D E			
79. Requests and demands through actions or words are acceptable ways for children to get information, help, or food.	C	A B F	D	E	
80. Imitating adult behaviors is a healthy play activity for children.		A C D E F	B		
81. Every child deserves to be treated with dignity and respect.	C D	A B E			
82. Children should be talked to and listened to even when their speech is still difficult to understand.	B C D F	A E			
83. Physical punishment is okay when children don't respond to other forms of discipline.	A C	B	F	D E	
84. Adults caring for children need to know the symptoms of childhood diseases and fever.	B C D F	E	A		
85. A child should not be forced to eat or drink.	F	A B C E	D		

	Strongly Agree	Agree	Undecided or Uncertain	Disagree	Strongly Disagree
86. Children should play outdoors for sometime every day except during inclement weather.	F	A B C E			
87. Sleep requirements vary, but most children under five years of age should sleep or rest sometime during the day.	F	A B D E		C	
88. Children should be encouraged to use household objects and furnishings in their play; for example, using a blanket as a tent.	A F	B C E	D		
89. It is healthy for children to express anger, loneliness, frustration, and pain.	B D F	A C E			
90. Each child should have his or her own place for sleeping.	F	ABC D E			
91. Children over six months of age should be read to daily.		DEF	A	B C	
92. Infants' or toddlers' diapers should be checked regularly and changed when wet or soiled.	B C D F	A E			
93. Children benefit most from television when an adult views and discusses the program with them.	C D F	A B E			
94. If several adults are caring for a child they should agree to toilet train and bottle feed the child in similar ways.	C D F	A B E			
95. Children need to be closely supervised and controlled by adults.		C D E F		A B	
96. Bright, comfortably heated, well-ventilated rooms contribute to children's health.	B D F	A C E			
97. Infants that are picked up when they cry become spoiled.	F	E	A	B C D	
98. It is okay to shake or pinch children to get them to behave.				C D E	A B F
99. Outings to a park or store are valuable learning experiences for children.	A B C D F	E			
100. Encouraging curiosity and a child's desire to explore and ask questions is more important than teaching a child specific skills.	A B	C E F		D	
101. Instructions should be followed exactly when giving a child medicine.	B C D F	A E			
102. All children should be toilet-trained by two years of age or earlier.		F		B C E D	A

	Strongly Agree	Agree	Undecided or Uncertain	Disagree	Strongly Disagree
103. Every child needs to share some time alone with their caregivers.	B C D	E F		A	
104. It is necessary to have first-aid materials and emergency phone numbers at hand when children are about.	B C D F	A E			
105. When children make mistakes in their thinking they should always be told the correct explanation.		A B C D E F			
106. Children should always get permission before doing something they haven't done before.	A B C F	D E			
107. Regular meals, naps, and time for play are important for young children.	B D F	A C E			
108. Children can learn good manners and other appropriate social behaviors by imitating adults.	D F	A B C E			

Appendix C

Randomization of Children's Needs Questionnaire Statements from Form A to Create Form B

Form A No.	Form B No.	Form A No.	Form B No.	Form A No.	Form B No.	Form A No.	Form B No.
1	35	28	32	55	45	82	48
2	12	29	4	56	22	83	39
3	2	30	103	57	72	84	75
4	5	31	106	58	40	85	56
5	98	32	80	59	23	86	11
6	86	33	21	60	25	87	65
7	10	34	8	61	18	88	37
8	55	35	66	62	73	89	105
9	82	36	107	63	46	90	101
10	41	37	84	64	104	91	1
11	91	38	89	65	57	92	100
12	85	39	99	66	14	93	70
13	78	40	20	67	87	94	68
14	102	41	38	68	108	95	94
15	58	42	92	69	7	96	90
16	63	43	69	70	88	97	62
17	83	44	43	71	33	98	61
18	96	45	77	72	44	99	64
19	27	46	93	73	59	100	3
20	31	47	47	74	60	101	97
21	34	48	16	75	24	102	36
22	42	49	49	76	50	103	29
23	13	50	52	77	9	104	6
24	30	51	51	78	79	105	71
25	28	52	95	79	76	106	26
26	54	53	67	80	74	107	81
27	17	54	53	81	15	108	19

Appendix D

Provider Consent Form

INFORMATION SHEET FOR FAMILY DAY CARE PROVIDERS

I am a graduate student in Early Childhood Education at the University of Alberta doing research on the needs of a family day care setting.

With your permission I will be visiting your home next week for about 6 to 8 hours. During my visits I will be talking with you about family day care and asking questions such as "What do you feel is the most important thing you do for the children?" You will be asked to make choices on a questionnaire. For example you may be asked to decide how important you feel a daily nap is for young children. I will also be observing and recording the activities you and the children engage in during a typical day.

The observations I make in your home will be shared with you. I assure you that your name and the names of the children in your care will not be used in the study. No one other than you, the family day care provider, and myself, the researcher, will know that the information I collected came from your home.

I will contact you beforehand to make arrangements for each visit. Occasionally when an observer is in a home a child becomes upset. I want you to inform me if any child is distressed by my presence and I will immediately discontinue my observations.

Please contact me at 432-4787 (days) or 434-4751 (evenings) if you have any questions or comments.

Thank you for your co-operation.

Yours very truly,

Janice M. Christie

Please complete this form and return it to Janice Christie.

I hereby give my consent for Janice Christie to visit my home for 6 to 8 hours to collect information for a research study on family day care.

I understand that my name and the names of the children in my care as well as the identity of my family day care home will remain confidential.

Signature _____

Date _____

Appendix E

Interview Schedule

Comments on the Questionnaire

Now that you've completed the questionnaire I would like you to look at the items you agree or strongly agree with and tell me which statements you find it difficult to follow through on while caring for children from day to day.

Why? Examples? Tell me ... Describe to me the last time you remember...

Now look at items where you were undecided or uncertain. Tell me what you were thinking about when you marked these items.

On items marked disagree or strongly disagree tell me about your reasons for feeling this way.

Support Services

I'm trying to understand what kind of support service would help a family day care mother best care for children. I am going to name some possible services. Please comment on how helpful you feel each service is or could be and tell why you feel this way.

a) workshops on first aid
nutrition
childhood diseases
toilet training
discipline
activities for children indoors
outdoors
how children grow and learn
how to deal with parents
how to fill out tax forms
how to obtain a license

courses that would lead to a certificate

b) distribution or loan of toys
large equipment (trikes, sandbox)
books

c) visits from social worker

d) visits with other F.D.C. mothers

e) contact with other professionals such as public health nurses, nursery-school teachers

f) programs you could take the children to
i) and be involved
ii) have a break

g) more time off (someone else in home with children, children in program outside the home)

h) transportation to workshops or programs

General Questions

1. How many workshops have been held this year? How many have you attended? How was the scheduling? Benefits?

2. How does your family feel about your work in F.D.C.?

3. What do you feel is the most important thing you do for the children?

4. Describe to me the worst problem you can remember while working in F.D.C.

5. Name the most helpful thing the social worker has done for you.

6. How often do you talk with the parents? What do you talk about? What problems have you had with parents?

7. Have the days I've been observing been more or less typical? Are things different during the school year?

Appendix F

Rating Form

Supervisor's Name	Family Day Care Provider's Name	Support Requirement Rating

Appendix G

Parent Consent Form

Date _____

Dear Parent(s):

I am a graduate student in Early Childhood Education at the University of Alberta. I am presently planning a study to learn more about the needs of the family day care setting.

In order to carry out my research I need to visit several day care homes for 6 to 8 hours to interview the family day care providers and observe and record the daily activities of the children in that setting.

I am writing to inform you about my proposed study and to ask you to approve of my being an observer in your child's family day care home. I have already obtained the approval of the family day care provider.

I assure you that the name and identity of your child and the family day care provider will not be used in the study and that care will be taken to respect the privacy and well-being of the participants.

If you have any questions about the study please contact me at 432-4787 (days) or 434-4751 (evenings).

Yours very truly,

Janice M. Christie

Would you please complete this form and return it to the Family Day Care Provider.

I hereby give my approval for Janice Christie to be an observer in my child's day care home for the purposes of a research study.

I understand that my child's name and identity will be kept confidential.

Signature _____

Date _____

Appendix H

FAMILY DAY CARE SETTING INFORMATION SHEET

You must not feel obliged to give information that you wish to keep private.

Day care provider's name _____

Address _____ Tel. _____

Years of experience as family day care provider _____

Children cared for (please indicate by a ( ) if you are the child's parent)

	First Name	Age years	Age months	Daily arrival	Daily departure	Time in Attendance years	Time in Attendance months
( )	_____	____	____	_____	_____	____	____
( )	_____	____	____	_____	_____	____	____
( )	_____	____	____	_____	_____	____	____
( )	_____	____	____	_____	_____	____	____
( )	_____	____	____	_____	_____	____	____

Approximate daily time-table (meals, snacks, naps)

		Time			Time
AM.	breakfast	_____	PM.	lunch	_____
	naps	_____		naps	_____
	snacks	_____		snacks	_____

_____

_____

_____

Times for visits

Please state any regular times you are not available for an interview or observations. _____

_____

_____

(Include vacation times if you are planning a holiday in June or the first half of July)

Arranged times for visits _____

_____

_____

Please comment here if there are other important things you think I should know about your family day care home before I visit.

_____

_____

_____

_____

_____

_____

Appendix I

Relationship of Questionnaire Statements to Children's Need Categories

Category No.	Questionnaire No.	Category No.	Questionnaire No.
1	12, 41, 55, 63	26	26
2	28, 47	27	20, 29, 46, 62
3	24, 83, 98	28	32, 4, 6
4	2, 4, 6, 7, 85, 107	29	18, 39, 50, 99
5	27, 37, 49	30	108
6	78	31	1, 59
7	72, 87	32	48, 67, 79
8	9, 69, 86, 96	33	43, 66, 70, 95, 97
9	25, 90	34	16, 56, 68, 70
10	92	35	42
11	84, 101, 104	36	34, 38
12	11, 22, 54, 57, 74	37	23, 33, 45, 103
13	1, 59, 76, 94	38	15, 18, 35, 64
14	40, 97, 107	39	80, 106
15	2, 17, 23	40	5, 18, 21, 36, 53 54, 67, 71, 77, 88
16	9, 25, 27, 37, 49, 49, 84, 85, 87, 90, 92, 96, 101, 107	41	3, 50, 52, 71
17	17, 31, 33, 64, 82	42	20, 30, 48, 65, 93
18	4, 40, 48, 67, 97	43	3, 82, 91
19	2, 14, 15, 46, 68, 70, 73, 75	44	16, 31, 51, 58 80, 82, 88
20	5, 13, 21, 22, 32, 53, 54, 95	45	3, 44, 50, 99
21	89	46	8, 22, 43
22	6, 7, 102	47	73, 75, 105
23	2, 6, 61	48	10, 51, 61, 78
24	2, 19, 56, 81	49	16, 100, 70
25	14, 19, 60		

Note. Children's need categories are listed in Figure 1 in Chapter 4. Questionnaire statements are recorded in Appendix A.